

Full-Length Donor History Questionnaire (DHQ)

	Yes	No
Are you		
1. Feeling healthy and well today?		
2. Currently taking an antibiotic?		
3. Currently taking any other medication for an infection?		
4. Have you taken any medications on the Medication Deferral List in the time frames indicated? (Review the Medication Deferral List.)		
5. Have you read the educational materials today?		
In the past 48 hours,		
6. Have you taken aspirin or anything that has aspirin in it?		
In the past 8 weeks, have you		
7. Donated blood, platelets or plasma?		
8. Had any vaccinations or other shots?		
9. Had contact with someone who was vaccinated for smallpox in the past 8 weeks?		
In the past 16 weeks,		
10. Have you donated a double unit of red cells using an apheresis machine?		
In the past 12 months, have you		
11. Had a blood transfusion?		
12. Had a transplant such as organ, tissue, or bone marrow?		
13. Had a graft such as bone or skin?		
14. Come into contact with someone else's blood?		
15. Had an accidental needle-stick?		
16. Had sexual contact with anyone who has HIV/AIDS or has had a positive test for the HIV/AIDS virus?		
17. Had sexual contact with a prostitute or anyone else who takes money or drugs or other payment for sex?		
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?		
19. Male donors: Had sexual contact with another male?	—	
20. Female donors: Had sexual contact with a male who had sexual contact with another male in the past 12 months?		
21. Had sexual contact with a person who has hepatitis?		
22. Lived with a person who has hepatitis?		
23. Had a tattoo?		
24. Had ear or body piercing?		
25. Had or been treated for syphilis or gonorrhea?		
26. Been in juvenile detention, lockup, jail, or prison for more than 72 consecutive hours?		

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In the past three years , have you		
27. Been outside the United States or Canada?		
From 1980 through 1996 ,		
28. Did you spend time that adds up to 3 months or more in the United Kingdom? (Review list of countries in the UK)		
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?		
From 1980 to the present , did you		
30. Spend time that adds up to 5 years or more in Europe? (Review list of countries in Europe.)		
31. Receive a blood transfusion in the United Kingdom or France? (Review country lists.)		
Have you EVER		
32. Female donors: Been pregnant or are you pregnant now?		
33. Had a positive test for the HIV/AIDS virus?		
34. Used needles to take drugs, steroids, or anything <u>not</u> prescribed by your doctor?		
35. Received money, drugs, or other payment for sex?		
36. Had malaria?		
37. Had Chagas disease?		
38. Had babesiosis?		
39. Received a dura mater (or brain covering) graft or xenotransplantation product?		
40. Had any type of cancer, including leukemia?		
41. Had any problems with your heart or lungs?		
42. Had a bleeding condition or a blood disease?		
43. Have any of your relatives had Creutzfeldt-Jakob disease?		

I agree to have blood taken from me and :

■ I accept the risks associated with donation and agree to follow the instructions of the blood bank staff to minimize these risks.

■ I declare that I have understood information on this form and answered the questions in the declaration honestly and to the best of my knowledge. I understand that there are penalties, including fines and imprisonment for providing false or misleading information.

Surname/Family name : _____ Given name : _____

Date of Birth : _____

(Please **ONLY** sign in the presence of the blood bank staff member.)

Signature : _____ Date : _____ Place : _____