OMB No. (0925-xxxx),
Expiration Date (xx/xx/xxxx)

RETROVIRUS EPIDEMIOLOGY DONOR STUDY-II (REDS-II)

HIV RISK FACTOR QUESTIONNAIRE

Thank you for taking the time to help us with this important study. Participation in this study is entirely voluntary. You may refuse to participate now, or at any time during the process. Refusal to participate in the study or withdrawing from the study will involve no penalty.

You do not have to answer any questions you do not wish to, and you may stop at any time. You may refuse to answer any question(s) that make(s) you feel uncomfortable or upset(s) you.

Date: __ __/__ __/__ __ __ __ (D D/ M M / Y Y Y Y)

Study identification number: __ - __ __ __ __ __ __ __ - __

1. When were you born?	19__ __ (year)
2. What is your gender?	1 ☐ Female 2 ☐ Male
3. What is your place of birth?	_____ _____ City/county Province
4. What is your ethnicity?	1 ☐ Han 2 ☐ Hui 3 ☐ Uygur 4 ☐ Man 5 ☐ Dai 6 ☐ Other, specify _____
5. What is your current occupation?	1 ☐ Worker 2 ☐ Farmer 3 ☐ Business 4 ☐ Service 5 ☐ Education/research/government 6 ☐ Military/Police 7 ☐ Medicine/Health care 8 ☐ Student 9 ☐ Other, specify _____
6. What is the highest level of education you have received?	1 ☐ Primary school or less 2 ☐ Junior high school 3 ☐ High School or vocational school 4 ☐ Bachelor's degree 5 ☐ Graduate level degree 6 ☐ Other, specify _____
7. What is your marital status?	1 ☐ Never married 2 ☐ Married 3 ☐ Divorced 4 ☐ Separated 5 ☐ Widowed 6 ☐ Other, specify _____

8. How many times have you donated blood?	__ __ time (s)
a. Year and type of each blood donation (If you have donated blood more then 4 times, please list the most recent three)	1. __ __ __ __ (year) Donation type: ☐ Whole blood donation ☐ Apheresis donation 2. __ __ __ __ (year) Donation type: ☐ Whole blood donation ☐ Apheresis donation 3. __ __ __ __ (year) Donation type: ☐ Whole blood donation ☐ Apheresis donation
9. How much do you agree or disagree about phrases below: a. It's important that I received blood test results from blood donation.	1 ☐ Do not agree at all 2 ☐ Disagree a little 3 ☐ Agree a little 4 ☐ Agree very much
b. I think blood donation is a good, fast, anonymous way to get my blood test.	1 ☐ Do not agree at all 2 ☐ Disagree a little 3 ☐ Agree a little 4 ☐ Agree very much
c. One of my reasons for donating blood is to find out if I have HIV and/or hepatitis infection.	1 ☐ Do not agree at all 2 ☐ Disagree a little 3 ☐ Agree a little 4 ☐ Agree very much
10. Have you ever received acupuncture treatment?	1 ☐ Yes → **ANSWER QUESTION a** 2 ☐ No→ **SKIP TO 11** 99 ☐ Unknown → **SKIP TO 11**
a. In the 12 months before your most recent donation, did you have acupuncture?	1 ☐ Yes 2 ☐ No 99 ☐ Unknown
11. In the 12 months before your most recent donation, did you have any injection (including intravenous and intramuscle injections)?	1 ☐ Yes → **ANSWER QUESTION a** 2 ☐ No→ **SKIP TO 12** 99 ☐ Unknown → **SKIP TO 12**
a. How many times did you have injection(s)?	__ __ times

12. Have you had any finger sticks?	1 ☐ Yes → **ANSWER QUESTION a** 2 ☐ No→ **SKIP TO 13** 99 ☐ Unknown → **SKIP TO 13**
a. In the 12 months before your most recent donation, did you have finger sticks?	1 ☐ Yes 2 ☐ No 99 ☐ Unknown
13. Have you ever had in-patient medical surgery?	1 ☐ Yes → **ANSWER QUESTION a** 2 ☐ No→ **SKIP TO 14** 99 ☐ Unknown → **SKIP TO 14**
a. In the 12 months before your most recent donation, did you have in-patient medical surgery?	1 ☐ Yes 2 ☐ No 99 ☐ Unknown
14. Have you ever had out-patient medical surgery?	1 ☐ Yes → **ANSWER QUESTION a** 2 ☐ No→ **SKIP TO 15** 99 ☐ Unknown → **SKIP TO 15**
a. In the 12 months before your most recent donation, did you have out-patient medical surgery?	1 ☐ Yes 2 ☐ No 99 ☐ Unknown
15. Have you ever had cosmetic surgery (e.g. laser, eye/lip surgery, collagen injection, dermal abrasion)?	1 ☐ Yes → **ANSWER QUESTION a** 2 ☐ No→ **SKIP TO 16** 99 ☐ Unknown → **SKIP TO 16**
a. In the 12 months before your most recent donation, did you have cosmetic surgery?	1 ☐ Yes 2 ☐ No 99 ☐ Unknown
16. Have you ever received a blood transfusion?	1 ☐ Yes→ **ANSWER a, b AND c** 2 ☐ No→ **SKIP TO 17** 99 ☐ Unknown → **SKIP TO 17**
a. How many times did you have blood transfusions?	__ __ times
b. Year of your first time of blood transfusion?	__ __ __ __ (year)
c. Year of your last time of blood transfusion?	__ __ __ __ (year)

17. Have you ever had any dental cleaning?	1 ☐ Yes→ **ANSWER QUESTION a** 2 ☐ No→ **SKIP TO 18** 99 ☐ Unknown → **SKIP TO 18**
a. In the 12 months before your most recent donation, did you have dental cleaning?	1 ☐ Yes 2 ☐ No 99 ☐ Unknown
18. Have you ever had any dental surgery, such as root canal treatment or tooth extraction?	1 ☐ Yes→ **ANSWER QUESTION a** 2 ☐ No→ **SKIP TO 19** 99 ☐ Unknown → **SKIP TO 19**
a. In the 12 months before your most recent donation, did you have dental surgeries?	1 ☐ Yes 2 ☐ No 99 ☐ Unknown
19. Have you ever had any endoscopy (such as gastroscopy and colonoscopy)?	1 ☐ Yes→ **ANSWER QUESTION a** 2 ☐ No→ **SKIP TO 20** 99 ☐ Unknown → **SKIP TO 20**
a. In the 12 months before your most recent donation, did you have endoscopies?	1 ☐ Yes 2 ☐ No 99 ☐ Unknown
20. When you had acupuncture, finger sticks, or injections, were needles and syringes used disposable?	1 ☐ Seldom 2 ☐ Sometimes 3 ☐ Often 4 ☐ Always 99 ☐ Unknown
21. Have you ever been told that you are at risk for spreading diseases through your blood?	1 ☐ Yes 2 ☐ No 99 ☐ Unknown
22. Have you ever been deferred as a blood donor?	1 ☐ Yes→ **ANSWER QUESTION a** 2 ☐ No→ **SKIP TO 23** 99 ☐ Unknown → **SKIP TO 23**
a. For what reason were you deferred?	Specify _____

23. Have you ever been previously diagnosed with hepatitis?	1 ☐ Yes→ **ANSWER QUESTION a** 2 ☐ No→ **SKIP TO 24** 99 ☐ Unknown → **SKIP TO 24**
a. What type(s) of hepatitis did you have?	1 ☐ HAV 2 ☐ HBV 3 ☐ HCV 4 ☐ Other, specify _____ 99 ☐ Unknown
24. Have you ever been previously diagnosed with syphilis, gonorrhea, or any other sexually transmitted disease?	1 ☐ Yes 2 ☐ No 99 ☐ Unknown
25. Have any of your family members had hepatitis?	1 ☐ Yes 2 ☐ No 99 ☐ Unknown
26. Have any of your family members had HIV/AIDS?	1 ☐ Yes 2 ☐ No 99 ☐ Unknown
27. Have you ever had household contact with someone with hepatitis or HIV/AIDS?	1 ☐ Yes→ **ANSWER QUESTION a** 2 ☐ No→ **SKIP TO 28** 99 ☐ Unknown → **SKIP TO 28**
a. In the 12 months before your most recent donation, did you have household contact with someone with hepatitis or HIV/AIDS?	1 ☐ Yes 2 ☐ No 99 ☐ Unknown
28. Have you ever used needles to shoot street drugs?	1 ☐ Yes→ **ANSWER a, b AND c** 2 ☐ No→ **SKIP TO 29** 99 ☐ Unknown → **SKIP TO 29**
a. How long have you shot drugs?	__ __ years
b. How many times per month did you shoot drugs?	__ __ times/month
c. Have you ever shared needles or syringes with others to inject street drugs?	1 ☐ Yes 2 ☐ No 99 ☐ Unknown

29. Have you ever used illegal oral or intranasal drugs without doctor's prescription?	1 ☐ Yes→ **ANSWER QUESTION a** 2 ☐ No→ **SKIP TO 30** 99 ☐ Unknown → **SKIP TO 30**
a. In the 12 months before your most recent donation, did you use illegal oral or intranasal drugs without doctor's prescription?	1 ☐ Yes 2 ☐ No 99 ☐ Unknown
30. Have you ever lived with a person with illegal injection?	1 ☐ Yes→ **ANSWER QUESTION a** 2 ☐ No→ **SKIP TO 31** 99 ☐ Unknown → **SKIP TO 31**
a. In the 12 months before your most recent donation, did you live with a person with illegal injection?	1 ☐ Yes 2 ☐ No 99 ☐ Unknown
31. Are any of your close friends or family members intravenous drug users?	1 ☐ Yes 2 ☐ No 99 ☐ Unknown
32. Have you had 2 or more sexual partners of the opposite sex?	1 ☐ Yes→ **ANSWER a AND b** 2 ☐ No→ **SKIP TO 33** 99 ☐ Unknown → **SKIP TO 33**
a. How many heterosexual partners did you have?	1 ☐ 2-4 2 ☐ 5-7 3 ☐ 8-10 4 ☐ >10
b. How often do you or your sex partner use a condom when you have sex with your heterosexual partner?	1 ☐ Never 2 ☐ Sometimes 3 ☐ Half of time 4 ☐ Most of time 5 ☐ Always

33. (For male only) In your lifetime, have you ever had sex with another male?	1 ☐ Yes→ **ANSWER a, b AND c** 2 ☐ No→ **SKIP TO 34** 99 ☐ Unknown → **SKIP TO 34**
a. How many times did you have sex with males?	__ __ times
b. How many male partners have you had sex with?	__ __ partners
c. How often do you or your sex partner use a condom when you have sex with male partner?	1 ☐ Never 2 ☐ Sometimes 3 ☐ Half of time 4 ☐ Most of time 5 ☐ Always
34. Have you ever paid or received money for having sex?	1 ☐ Yes→ **ANSWER a AND b** 2 ☐ No→ **SKIP TO 35** 99 ☐ Unknown → **SKIP TO 35**
a. How many times have you paid or received money for having sex?	__ __ times
b. In the 12 months before your most recent donation, did you pay or receive money for having sex?	1 ☐ Yes 2 ☐ No 99 ☐ Unknown
35. Have you ever had a sex partner that was an intravenous drug user?	1 ☐ Yes→ **ANSWER QUESTION a** 2 ☐ No→ **SKIP TO 36** 99 ☐ Unknown → **SKIP TO 36**
a. In the 12 months before your most recent donation, did you have a sex partner that was an intravenous drug user?	1 ☐ Yes 2 ☐ No 99 ☐ Unknown
36. In the past ten years, have you ever had a sex partner who had a positive test for syphilis, gonorrhea, or any other sexually transmitted disease?	1 ☐ Yes→ **ANSWER QUESTION a** 2 ☐ No→ **SKIP TO 37** 99 ☐ Unknown → **SKIP TO 37**
a. In the 12 months before your last donation, did you have a sex partner who had a positive test for syphilis, gonorrhea, or any other sexually transmitted disease?	1 ☐ Yes 2 ☐ No 99 ☐ Unknown

37. In the past ten years, have you ever had a sex partner who had been diagnosed with hepatitis or HIV/AIDS?	1 ☐ Yes→ **ANSWER QUESTION a** 2 ☐ No→ **SKIP TO 38** 99 ☐ Unknown → **SKIP TO 38**
a. In the 12 months before your most recent donation, did you have a sex partner who had been diagnosed with hepatitis or HIV/AIDS?	1 ☐ Yes 2 ☐ No 99 ☐ Unknown
38. In the past one year, have you had sexual contact with anyone who received blood transfusion?	1 ☐ Yes→ **ANSWER QUESTION a** 2 ☐ No→ **SKIP TO 39** 99 ☐ Unknown → **SKIP TO 39**
a. In the 12 months before your most recent donation, did you have sexual contact with anyone who received blood transfusion?	1 ☐ Yes 2 ☐ No 99 ☐ Unknown
39. Have you ever contacted with human blood and other human body fluids in your workplace?	1 ☐ Yes→ **ANSWER QUESTION a** 2 ☐ No→ **SKIP TO 40** 99 ☐ Unknown → **SKIP TO 40**
a. In the 12 months before your most recent donation, did you contact with human blood and other human body fluids in your workplace?	1 ☐ Yes 2 ☐ No 99 ☐ Unknown
40. Have you ever had a tattoo?	1 ☐ Yes→ **ANSWER QUESTION a** 2 ☐ No→ **SKIP TO 41** 99 ☐ Unknown → **SKIP TO 41**
a. In the 12 months before your most recent donation, did you have a tattoo?	1 ☐ Yes 2 ☐ No 99 ☐ Unknown
41. Have you ever had your ears or other body parts pierced?	1 ☐ Yes→ **ANSWER QUESTION a** 2 ☐ No → **SKIP TO 42** 99 ☐ Unknown → **SKIP TO 42**
a. In the 12 months before your most recent donation, did you have your ears or other body parts pierced?	1 ☐ Yes 2 ☐ No 99 ☐ Unknown

42. Did you receive notification from blood center about your infection status?	1 ☐ Yes→ **ANSWER a AND b** 2 ☐ No→ **END** 99 ☐ Unknown → **END**
a. Did you seek further testing or health care according to the instruction of the notification?	1 ☐ Yes → **END** 2 ☐ No → **ANSWER QUESTION b** 99 ☐ Unknown → **END**
b. Are you planning to seek further testing or health care according to the instruction of the notification?	1 ☐ Yes 2 ☐ No 99 ☐ Unknown

Thank you very much for your participation!