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## HIV risk factorquestionnaire (English Translation)

**RECIPIENT EPIDEMIOLOGY AND DONOR EVALUATION STUDY-III (REDS-III)**

**HIV RISK FACTOR QUESTIONNAIRE**

Date: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ (D D/ M M / Y Y Y Y)

Study identification number: \_\_ - \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ - \_\_

**RETROVIRUS EPIDEMIOLOGY DONOR STUDY-III (REDS-III)**

**HIV RISK FACTOR QUESTIONNAIRE**

Date: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ (D D/ M M / Y Y Y Y)

Study identification number: \_\_ - \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ - \_\_

**Instructions:** Please answer each of the following questions about your health, lifestyle, and blood donation history. For each question, provide a response unless directed to skip to another question further down in the questionnaire. It will take approximately 20 minutes to complete these questions.

1. **Your Background**

|  |  |
| --- | --- |
| 1. When were you born? | \_\_ \_\_ \_\_ \_\_ (year) |
| 1. What is your gender? | Female  Male |
| 1. What is your place of birth? | Province:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. What is your ethnicity? | Han  Hui  Uygur  Man  Dai  Zhuang  Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. What is your current occupation?   5a. Have you ever provided special services at entertainment business (including night clubs, private clubs, night bar, Karaoke clubs)? | Worker  Farmer who works at hometown  Farmer or worker working out of town  Service or business  Education/research/government  Military/Police  Medicine/Health care  Student  Company employee  Self-employed  Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_  Yes (please describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No  Unknown |
| 1. What is the highest level of education you have received? | Primary school or less  Junior high school  High School or vocational school  Associate degree  Bachelor’s degree  Graduate level degree  Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. What is your marital status? | Never married  Married or co-habiting  Divorced  Separated  Widowed  Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **History of Blood Donation & Infection Risks**
2. How many times have you donated blood?

\_\_ \_\_ time (s)🡪ANSWER QUESTION 8a-8c

Please list the most recent three blood donations indicating the year and type of blood donation for each.(If you have donated blood more than 3 times, please list the most recent three):

|  |  |  |
| --- | --- | --- |
| **Donation** | **Year** | **Type of Donation** |
| 8a. Most recent donation | \_\_ \_\_ \_\_ \_\_ | Whole blood donation  Apheresis donation |
| 8b. Next most recent donation | \_\_ \_\_ \_\_ \_\_ | Whole blood donation  Apheresis donation |
| 8c. Next most recent donation | \_\_ \_\_ \_\_ \_\_ | Whole blood donation  Apheresis donation |

1. **How much do you agree or disagree with each of the statements (9a-9c) below:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Statement** | **Do not**  **agree**  **at all** | **Disagree**  **a little** | **Agree a**  **little** | **Agree**  **very**  **much** |
| 9a. It’s important that I received blood test results from blood donation. |  |  |  |  |
| 9b. I think blood donation is a good, fast, anonymous way to get my blood test result. |  |  |  |  |
| 9c. One of my reasons for donating blood is to find out if I have HIV and/or hepatitis infection. |  |  |  |  |

|  |  |
| --- | --- |
| 1. Have you ever been told that you are at risk for spreading diseases through your blood?   10a. What kind of diseases? (Mark all that apply)  10b. When was the last time you were told so? | Yes🡪ANSWER QUESTION 10a  No 🡪Skip to Q11  Unknown🡪Skip to Q11  Hepatitis A  Hepatitis B  Hepatitis C  Syphilis/Gonorrhea  HIV/AIDS  Other, specify \_\_\_\_\_\_\_\_\_\_  Unknown  Within 3 days up to 1 month  Within 1-3 months  Within 3-6 months  From 6 months to less than 1 year  1 year ago  Unknown |
| 1. Did you ever receive notification from blood center about your infection status?   11a. Before your most recent donation, had you ever received notification from blood center about your infection status (excluding any such notification after your most recent blood donation)?  11b. Had you sought further testing or health care according to the instruction of the notification (excluding any such notification after your most recent blood donation)?  11c. Are you planning to seek further testing or health care according to the instruction of the notification? | Yes🡪ANSWER QUESTION 11a-11c  No 🡪Skip to Q12  Unknown🡪Skip to Q12  Yes  No  Unknown  Yes  No  Unknown  Yes  No  Unknown |
| 1. Before your most recent donation, had you ever been permanently deferred as a blood donor?   12a. For what reason were you permanently deferred?(Mark all that apply) | Yes🡪ANSWER QUESTION 12a  No🡪SKIP TO 13  Unknown🡪SKIP TO 13  Hepatitis B  Hepatitis C  Syphilis  HIV  Didn’t pass Physical Exam, specify \_\_\_\_\_\_\_\_  Didn’t pass blood Test, specify \_\_\_\_\_\_\_\_\_\_  Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Before your most recent donation, had you ever been temporarily deferred as a blood donor?   13a. For what ineligibility were you temporarily deferred?(Mark all that apply) | Yes🡪ANSWER QUESTION 13a  No🡪SKIP to Q 14  Unknown🡪SKIP to Q14  HBV rapid test  ALT  Hemoglobin (Hb) level  Blood pressure  Heart rate  Body Weight  Fasting  Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Health Condition History**

|  |  |
| --- | --- |
| 1. Have you ever received acupuncture treatment?   14a. In the past6 months, did you have acupuncture? | Yes 🡪ANSWER QUESTION 14a  No🡪SKIP TO 15  Unknown🡪SKIP TO 15  Yes  No  Unknown |
| 1. In the past 6 months, did you have any injection (including intravenous [IV] and intramuscular [IM] injections)?   15a. How many times did you have injection(s)? | Yes 🡪ANSWER QUESTION 15a  No🡪SKIP TO 16  Unknown🡪SKIP TO 16  \_\_ \_\_ times |
| 1. Have you had any finger sticks (excluding the one prior to making a donation)?   16a. In the past 6 months, did you have finger sticks (other than the one prior to making a donation)? | Yes🡪ANSWER QUESTION 16a  No🡪SKIP TO 17  Unknown🡪SKIP TO 17  Yes  No  Unknown |

1. **When you had acupuncture, finger sticks, or injections, were needles and syringes used disposable?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Were needles and syringes used disposable?** | **Seldom** | **Sometimes** | **Often** | **Always** | **Unknown** |
| a. Acupuncture |  |  |  |  |  |
| b. Finger sticks |  |  |  |  |  |
| c. Injections |  |  |  |  |  |

|  |  |
| --- | --- |
| 1. In the past 6 months, have you ever visited the following medical facilities?(Mark all that apply)   18a. What kind of treatment did you receive from the above medical facilities?(Mark all that apply) | Yes, county hospital🡪ANSWER QUESTION 18a  Yes, town hospital🡪ANSWER QUESTION 18a  Yes, community hospital🡪ANSWER QUESTION 18a  Yes, village clinic🡪ANSWER QUESTION 18a  Yes, private outpatient clinic🡪ANSWER QUESTION 18a  Yes, other, please specify🡪ANSWER QUESTION 18a  No 🡪SKIP TO 19  Unknown🡪SKIP TO 19  Intravenous (IV) or intramuscular (IM)injection  Therapeutic transfusion  Outpatient surgeries (including anesthesia, removal of sebaceous cyst, wound suture etc.)  Dental care  Pediatrician visit or accompany for someone else  Other, please specify\_\_\_\_\_\_\_\_\_\_ |
| 1. Have you ever had in-patient medical surgery?   19a. In the past 6 months, did you have in-patient medical surgery? | Yes🡪ANSWER QUESTION 19a  No🡪SKIP TO 20  Unknown🡪SKIP TO 20  Yes  No  Unknown |
| 1. Have you ever had out-patient medical surgery?   20a. In the past 6 months, did you have out-patient medical surgery? | Yes 🡪ANSWER QUESTION 20a  No🡪SKIP TO 21  Unknown🡪SKIP TO 21  Yes  No  Unknown |
| 1. Have you ever had cosmetic surgery (e.g. laser, eye/lip surgery, collagen injection, dermal abrasion)?   21a. In the past 6 months, did you have cosmetic surgery? | Yes 🡪ANSWER QUESTION 21a  No🡪SKIP TO 22  Unknown🡪SKIP TO 22  Yes  No  Unknown |
| 1. Have you ever received a blood transfusion?   22a. How many times did you have blood transfusions?  22b. Year of your first time of blood transfusion?  22c. Year of your last time of blood transfusion? | Yes🡪ANSWER22a-22c  No🡪SKIP TO 23  Unknown🡪SKIP TO 23  \_\_ \_\_ times  \_\_ \_\_ \_\_ \_\_ (year)  \_\_ \_\_ \_\_ \_\_ (year) |
| 1. Have you ever had any dental cleaning?   23a. In the past 6 months, did you have dental cleaning? | Yes🡪ANSWER QUESTION 23a  No🡪SKIP TO 24  Unknown🡪SKIP TO 24  Yes  No  Unknown |
| 1. Have you ever had any dental surgery, such as root canal treatment or tooth extraction?   24a. In the past 6 months, did you have dental surgeries? | Yes🡪ANSWER QUESTION 24a  No🡪SKIP TO 25  Unknown🡪SKIP TO 25  Yes  No  Unknown |
| 1. Have you ever had any endoscopy (such as gastroscopy and colonoscopy)?   25a. In the past 6 months, did you have endoscopies? | Yes🡪ANSWER QUESTION 25a  No🡪SKIP TO 26  Unknown🡪SKIP TO 26  Yes  No  Unknown |
| 1. Have you ever been previously diagnosed with hepatitis?   26a. What type(s) of hepatitis did you have (please choose all that apply)? | Yes🡪ANSWER QUESTION 26a  No🡪SKIP TO 27  Unknown🡪SKIP TO 27  Hepatitis A  Hepatitis B  Hepatitis C  Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
| 1. Have you ever been previously diagnosed with syphilis, gonorrhea, or any other sexually transmitted disease? | Yes  No  Unknown |
| 1. Have any of your family members had hepatitis? | Yes  No  Unknown? |
| 1. Have any of your family members had HIV/AIDS? | Yes  No  Unknown |
| 1. Have you ever had household contact with someone with HIV/AIDS?   30a. In the past 6 months, did you have household contact with someone with HIV/AIDS? | Yes🡪ANSWER QUESTION 30a  No🡪SKIP TO 31  Unknown🡪SKIP TO 31  Yes  No  Unknown |

1. **Drug Use History**

|  |  |
| --- | --- |
| 1. Have you ever used needles to shoot (or take) street drugs?   31a. How long have you shot (or taken) street drugs?  31b. How many times per month did you shoot (or take) street drugs?  31c. Have you ever shared needles or syringes with others to inject street drugs?  31d. In the past 6 months, did you ever use needles to shoot (or take) street drugs? | Yes🡪ANSWER QUESTIONS 31a-31d  No🡪SKIP TO 32  Unknown🡪SKIP TO 32  \_\_ \_\_ years  \_\_ \_\_ times/month  Yes  No  Unknown  Yes  No  Unknown |
| 1. Have you ever used illegal oral or intranasal drugs without doctor’s prescription?   32a. In the past 6 months, did you use illegal oral or intranasal drugs without doctor’s prescription | Yes🡪ANSWER QUESTION 32a  No🡪SKIP TO 33  Unknown🡪SKIP TO 33  Yes  No  Unknown |
| 1. Have you ever lived with a person who was an intravenous drug user?   3a. In the past 6 months, did you live with a person who was an intravenous drug user? | Yes🡪ANSWER QUESTION 33a  No🡪SKIP TO 34  Unknown🡪SKIP TO 34  Yes  No  Unknown |
| 1. Are any of your close friends or family member’s intravenous drug users? | Yes  No  Unknown |

1. **Sexual History**

**The next section of questions will ask you about your sexual experiences. In these questions, include only those people you have had oral, vaginal, or anal sex with. *Do not include people that you have just kissed.* Please note that for the next few questions the term "sex" refers to any of the following activities, whether or not a condom or other protection was used: Vaginal sex (contact between penis and vagina), Oral sex (mouth or tongue on someone’s vagina, penis, or anus), Anal sex (contact between penis and anus).**

|  |  |
| --- | --- |
| 1. Have you had more than 2 concurrent sexual partners of the opposite sex?   35a1. In your lifetime, how many heterosexual partners did you have?  35a2. In the past 6 months, how many heterosexual partners did you have?  35b1. How often do you or your sex partner use a condom when you have sex with your heterosexual partner?  35b2. In the past 6 months, how often do you or your sex partner use a condom when you have sex with your heterosexual partner? | Yes🡪ANSWER QUESTIONS35a1-35b2  No🡪SKIP TO 36  Unknown🡪SKIP TO 36  1-2  3-4  5-7  8-10  >10  1-2  3-4  5-7  8-10  >10  Never  Sometimes  Half of time  Most of time  Always  Never  Sometimes  Half of time  Most of time  Always |
| 1. (FOR MALE RESPONDENTS ONLY) In your lifetime, have you ever had sex with another male?   36a1. In your lifetime, how many times did you have sex with males?  36a2. In your lifetime, how many male partners have you had sex with?  36a3. In your lifetime, how often do you or your sex partner use a condom when you have sex with male partner?  36b1. In the past 6 months, how many times did you have sex with males?  36b2. In the past 6 months, how many male partners have you had sex with?  36b3. In the past 6 months, how often do you or your sex partner use a condom when you have sex with male partner? | Yes🡪ANSWERQUESTIONS 36a1-36b3  No🡪SKIP TO 37  Unknown🡪SKIP TO 37  1-2  3-5  6-10  >10  1-2  3-5  6-10  >10  Never  Sometimes  Half of time  Most of time  Always  1-2  3-5  6-10  >10  1-2  3-5  6-10  >10  Never  Sometimes  Half of time  Most of time  Always |
| 1. Have you ever paid or received money or other forms of remuneration for having sex?   37a. In the past 6 months, have you paid or received money or other forms of remuneration for having sex? | Yes🡪ANSWER QUESTIONS37a  No🡪SKIP TO 38  Unknown🡪SKIP TO 38  Yes  No  Unknown |
| 1. Have you ever had a sex partner who was an intravenous drug user?   38a. In the past 6 months, did you have a sex partner who was an intravenous drug user? | Yes🡪ANSWER QUESTION 38a  No🡪SKIP TO 39  Unknown🡪SKIP TO 39  Yes  No  Unknown |
| 1. In your lifetime, have you ever had a sex partner who had a positive test for syphilis, gonorrhea, or any other sexually transmitted disease?   39a. In the past 6 months, did you have a sex partner who had a positive test for syphilis, gonorrhea, or any other sexually transmitted disease? | Yes🡪ANSWER QUESTION 39a  No🡪SKIP TO 40  Unknown🡪SKIP TO 40  Yes  No  Unknown |
| 1. In your lifetime, have you ever had a sex partner who had been diagnosed with HIV/AIDS?   40a. In the past 6 months, did you have a sex partner who had been diagnosed with HIV/AIDS? | Yes🡪ANSWER QUESTION 40a  No🡪SKIP TO 41  Unknown🡪SKIP TO 41  Yes  No  Unknown |
| 1. In your lifetime, have you had sexual contact with anyone who received blood transfusion?   41a. In the past 6 months, did you have sexual contact with anyone who received blood transfusion? | Yes🡪ANSWER QUESTION 41a  No🡪SKIP TO 42  Unknown🡪SKIP TO 42  Yes  No  Unknown |

1. **Other Risk Factors**

|  |  |
| --- | --- |
| 1. Have you ever had contact with human blood and other human body fluids in your workplace?   42a. In the past 6 months did you ever have contact with human blood and other human body fluids in your workplace? | Yes🡪**ANSWER QUESTION 42a**  No🡪**SKIP TO 43**  Unknown🡪**SKIP TO 43**  Yes  No  Unknown |
| 1. Have you ever had a tattoo?   43a. In the past 6 months, did you have a tattoo? | Yes🡪**ANSWER QUESTION 43a**  No🡪**SKIP TO 44**  Unknown🡪**SKIP TO 44**  Yes  No  Unknown |
| 1. Have you ever had your ears or other body parts pierced?   44a. In the past 6 months, did you have your ears or other body parts pierced? | Yes🡪**ANSWER QUESTION 44a**  No🡪**END**  Unknown🡪**END**  Yes  No  Unknown |

**Thank you very much for your participation!**

**Thank you for your contribution to our blood safety research!**