According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0925-0596. The time required to complete this information collection is estimated to average 18 minutes per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0596). Do not return the completed form to this address.

OMB Number: 0925-0596

OMB Expiration Date: XX/XX/XXX

## 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!**