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.

A. Your Background

1. When were you born?	__ __ __ __ (year)
2. What is your gender?	☐ Female ☐ Male
3. What is your place of birth?	Province:_____ City:_____ County:_____
4. What is your ethnicity?	☐ Han ☐ Hui ☐ Uygur ☐ Man ☐ Dai ☐ Zhuang ☐ Other, specify _____
5. What is your current occupation?	☐ 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 _____
5a. Have you ever provided special services at entertainment business (including night clubs, private clubs, night bar, Karaoke clubs)?	☐ Yes (please describe)_____ ☐ No ☐ Unknown
6. 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 _____
7. What is your marital status?	☐ Never married ☐ Married or co-habiting ☐ Divorced ☐ Separated ☐ Widowed ☐ Other, specify _____

B. History of Blood Donation & Infection Risks

8. 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

9. 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.	☐	☐	☐	☐

10. Have you ever been told that you are at risk for spreading diseases through your blood?	☐ Yes→ANSWER QUESTION 10a ☐ No →Skip to Q11 ☐ Unknown→Skip to Q11
10a. What kind of diseases? (Mark all that apply)	☐ Hepatitis A ☐ Hepatitis B ☐ Hepatitis C ☐ Syphilis/Gonorrhea ☐ HIV/AIDS ☐ Other, specify _____ ☐ Unknown
10b. When was the last time you were told so?	☐ 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
11. Did you ever receive notification from blood center about your infection status?	☐ Yes→ANSWER QUESTION 11a-11c ☐ No →Skip to Q12 ☐ Unknown→Skip to Q12
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)?	☐ Yes ☐ No ☐ Unknown
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)?	☐ Yes ☐ No ☐ Unknown
11c. Are you planning to seek further testing or health care according to the instruction of the notification?	☐ Yes ☐ No ☐ Unknown
12. Before your most recent donation, had you ever been permanently deferred as a blood donor?	☐ Yes→ANSWER QUESTION 12a ☐ No→SKIP TO 13 ☐ Unknown→SKIP TO 13
12a. For what reason were you permanently deferred?(Mark all that apply)	☐ Hepatitis B ☐ Hepatitis C ☐ Syphilis ☐ HIV ☐ Didn't pass Physical Exam, specify _____ ☐ Didn't pass blood Test, specify _____ ☐ Other, specify _____
13. Before your most recent donation, had you ever been temporarily deferred as a blood donor?	☐ Yes→ANSWER QUESTION 13a ☐ No→SKIP to Q 14 ☐ Unknown→SKIP to Q14
13a. For what ineligibility were you temporarily	☐ HBV rapid test

deferred?(Mark all that apply)	☐ ALT ☐ Hemoglobin (Hb) level ☐ Blood pressure ☐ Heart rate ☐ Body Weight ☐ Fasting ☐ Other, specify _____

C. Health Condition History

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

17. 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	☐	☐	☐	☐	☐

18. In the past 6 months, have you ever visited the following 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
18a. What kind of treatment did you receive from the above medical facilities?(Mark all that apply)	☐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_____
19. Have you ever had in-patient medical surgery?	☐Yes→ANSWER QUESTION 19a ☐No→SKIP TO 20 ☐Unknown→SKIP TO 20
19a. In the past 6 months, did you have in-patient medical surgery?	☐ Yes ☐ No ☐Unknown

20. Have you ever had out-patient medical surgery?	☐ Yes →ANSWER QUESTION 20a ☐ No→SKIP TO 21 ☐ Unknown→SKIP TO 21
20a. In the past 6 months, did you have out-patient medical surgery?	☐ Yes ☐ No ☐ Unknown
21. Have you ever had cosmetic surgery (e.g. laser, eye/lip surgery, collagen injection, dermal abrasion)?	☐ Yes →ANSWER QUESTION 21a ☐ No→SKIP TO 22 ☐ Unknown→SKIP TO 22
21a. In the past 6 months, did you have cosmetic surgery?	☐ Yes ☐ No ☐ Unknown
22. Have you ever received a blood transfusion?	☐ Yes→ANSWER22a-22c ☐ No→SKIP TO 23 ☐ Unknown→SKIP TO 23
22a. How many times did you have blood transfusions?	__ __ times
22b. Year of your first time of blood transfusion?	__ __ __ __ (year)
22c. Year of your last time of blood transfusion?	__ __ __ __ (year)
23. Have you ever had any dental cleaning?	☐ Yes→ANSWER QUESTION 23a ☐ No→SKIP TO 24 ☐ Unknown→SKIP TO 24
23a. In the past 6 months, did you have dental cleaning?	☐ Yes ☐ No ☐ Unknown

24. 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
25. 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
26. 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
27. Have you ever been previously diagnosed with syphilis, gonorrhea, or any other sexually transmitted disease?	☐ Yes ☐ No ☐ Unknown
28. Have any of your family members had hepatitis?	☐ Yes ☐ No ☐ Unknown?
29. Have any of your family members had HIV/AIDS?	☐ Yes

	☐ No ☐ Unknown
30. Have you ever had household contact with someone with HIV/AIDS?	☐ Yes→ANSWER QUESTION 30a ☐ No→SKIP TO 31 ☐ Unknown→SKIP TO 31
30a. In the past 6 months, did you have household contact with someone with HIV/AIDS?	☐ Yes ☐ No ☐ Unknown

D. Drug Use History

31. Have you ever used needles to shoot (or take) street drugs?	☐ Yes→ANSWER QUESTIONS 31a-31d ☐ No→SKIP TO 32 ☐ Unknown→SKIP TO 32
31a. How long have you shot (or taken) street drugs?	__ __ years
31b. How many times per month did you shoot (or take) street drugs?	__ __ times/month
31c. Have you ever shared needles or syringes with others to inject street drugs?	☐ Yes ☐ No ☐ Unknown
31d. In the past 6 months, did you ever use needles to shoot (or take) street drugs?	☐ Yes ☐ No ☐ Unknown

32. 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
33. 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
34. Are any of your close friends or family member's intravenous drug users?	☐ Yes ☐ No ☐ Unknown

E. 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).

35. Have you had more than 2 concurrent sexual partners of the opposite sex?	☐ Yes→ANSWER QUESTIONS35a1-35b2 ☐ No→SKIP TO 36 ☐ Unknown→SKIP TO 36

35a1. In your lifetime, how many heterosexual partners did you have?	☐ 1-2 ☐ 3-4 ☐ 5-7 ☐ 8-10 ☐ >10
35a2. In the past 6 months, how many heterosexual partners did you have?	☐ 1-2 ☐ 3-4 ☐ 5-7 ☐ 8-10 ☐ >10
35b1. How often do you or your sex partner use a condom when you have sex with your heterosexual partner?	☐ Never ☐ Sometimes ☐ Half of time ☐ Most of time ☐ Always
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?	☐ Never ☐ Sometimes ☐ Half of time ☐ Most of time ☐ Always
36. (FOR MALE RESPONDENTS ONLY) In your lifetime, have you ever had sex with another male?	☐ Yes→ANSWERQUESTIONS 36a1-36b3 ☐ No→SKIP TO 37 ☐ Unknown→SKIP TO 37
36a1. In your lifetime, how many times did you have sex with males?	☐ 1-2 ☐ 3-5 ☐ 6-10 ☐ >10

36a2. In your lifetime, how many male partners have you had sex with?	☐ 1-2 ☐ 3-5 ☐ 6-10 ☐ >10
36a3. In your lifetime, how often do you or your sex partner use a condom when you have sex with male partner?	☐ Never ☐ Sometimes ☐ Half of time ☐ Most of time ☐ Always
36b1. In the past 6 months, how many times did you have sex with males?	☐ 1-2 ☐ 3-5 ☐ 6-10 ☐ >10
36b2. In the past 6 months, how many male partners have you had sex with?	☐ 1-2 ☐ 3-5 ☐ 6-10 ☐ >10
36b3. In the past 6 months, how often do you or your sex partner use a condom when you have sex with male partner?	☐ Never ☐ Sometimes ☐ Half of time ☐ Most of time ☐ Always
37. Have you ever paid or received money or other forms of remuneration for having sex?	☐ Yes→ANSWER QUESTIONS37a ☐ No→SKIP TO 38 ☐ Unknown→SKIP TO 38
37a. In the past 6 months, have you paid or received	☐ Yes

money or other forms of remuneration for having sex?	☐ No ☐ Unknown
38. Have you ever had a sex partner who was an intravenous drug user?	☐ Yes→ANSWER QUESTION 38a ☐ No→SKIP TO 39 ☐ Unknown→SKIP TO 39
38a. In the past 6 months, did you have a sex partner who was an intravenous drug user?	☐ Yes ☐ No ☐ Unknown
39. In your lifetime, have you ever had 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
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 ☐ No ☐ Unknown
40. In your lifetime, have you ever had a sex partner who had been diagnosed with HIV/AIDS?	☐ Yes→ANSWER QUESTION 40a ☐ No→SKIP TO 41 ☐ Unknown→SKIP TO 41
40a. In the past 6 months, did you have a sex partner who had been diagnosed with HIV/AIDS?	☐ Yes ☐ No ☐ Unknown
41. In your lifetime, have you had sexual contact with anyone who received blood transfusion?	☐ Yes→ANSWER QUESTION 41a ☐ No→SKIP TO 42 ☐ Unknown→SKIP TO 42
41a. In the past 6 months, did you have sexual contact with anyone who received blood transfusion?	☐ Yes ☐ No ☐ Unknown

F. Other Risk Factors

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

Thank you very much for your participation!
Thank you for your contribution to our blood safety research!