For questions 37 through 46, please refer to the charts below for a list of countries involved:

Reference Guide for Questions 37 & 40: Countries Considered to be at Risk for Transmission of vCJD

- Afghanistan
- France
- Netherlands (Holland)
- Switzerland
- Yugoslavia (Federal Republic of)
- Austria
- Germany
- Norway
- United Kingdom
- Kosovo
- Belgium
- Greece
- Poland
- Montenegro
- Bosnia-Herzegovina
- Hungary
- Portugal
- Northern Ireland
- Serbia
- Bulgaria
- Ireland (Republic of)
- Romania
- Scotland
- Wales
- Croatia
- Italy
- Slovak Republic
- the Isle of Man,
- Azerbaijan
- Liechtenstein
- Slovenia
- the Channel Islands,
- Denmark
- Luxembourg
- Spain
- Malta
- Finland
- Macedonia
- Sweden
- the Falkland Islands

37. Since 1980, have you ever lived in or traveled to any country considered to be at risk for transmission of vCJD (variant Creutzfeldt-Jakob disease)? (refer to chart) ... [Yes/No]

38. From 1980 through 1996, did you spend time that adds up to 3 months or more in the United Kingdom (England, Northern Ireland, Scotland, Wales, the Isle of Man, the Channel Islands, Gibraltar, or the Falkland Islands)? ... [Yes/No]

39. Since 1980, have you received a transfusion of blood or blood components while in the UK or France? ... [Yes/No]

40. Since 1980, have you spent time that adds up to 5 years or more (including time spent in the UK between 1980 and 1996) in any country considered to be at risk for transmission of vCJD (variant Creutzfeldt-Jakob Disease)? (refer to chart) ... [Yes/No]

41. From 1980 through 1996, were you a member of the U.S. military, a civilian military employee, or a dependent of either a member of the U.S. military or civilian military employee? ... [Yes/No]

42. From 1980 through 1996, did you spend a total of 6 months or more associated with a military base in any of the following countries: United Kingdom, Belgium, Netherlands, or Germany? ... [Yes/No]

43. From 1980 through 1996, did you spend a total of 6 months or more associated with a military base in any of the following countries: Spain, Portugal, Turkey, Italy, or Greece? ... [Yes/No]

Reference Guide for Questions 44 - 46: African Countries Considered to be at Risk for Transmission of HIV-1 Group O

- Benin
- Central African Republic
- Congo
- Gabon
- Niger
- Senegal
- Zambia
- Cameroon
- Chad
- Equatorial Guinea
- Kenya
- Nigeria
- Togo

44. Since 1977, were you born in, have you lived for longer than one year in, or have you traveled to any African country considered to be at risk for transmission of HIV-1 group O? (refer to chart) ... [Yes/No]

45. While in one of the African countries listed in the chart, did you receive a blood transfusion or any other medical treatment with a product made from blood? ... [Yes/No]

46. Have you had sexual contact with anyone who was born in or lived in any African country listed in the chart since 1977? ... [Yes/No]

47. At any time during your pregnancy have you:

47a. Had a medical diagnosis of ZIka virus infection? ... [Yes/No]

47b. Resided in or traveled to a risk area for the Zika virus? ... [Yes/No]

47c. Had sexual contact with a person who was diagnosed with a Zika virus infection in the 6 months prior to the sexual contact? ... [Yes/No]

47d. Had sexual contact with a person who traveled to or resided in a risk area for the Zika virus in the 6 months prior to the sexual contact? ... [Yes/No]
14. Have you ever had a transplant or other medical procedure that involved being exposed to live cells, tissues, or organs from an animal? Yes No
15. Have you ever lived with, or had sexual contact with, anyone who had a transplant or other medical procedure that involved being exposed to live cells, tissues, or organs from an animal? Yes No

In the past 3 years:
16. Have you had malaria? Yes No
17. Have you been outside the United States or Canada? Yes No

In the 12 months prior to collection of the cord blood unit, have you had a blood transfusion? Yes No

In the past 12 months:
19. Have you had a transplant or tissue graft from someone other than yourself, such as organ, bone marrow, stem cell, cornea, bone, skin, or other tissue? Yes No
20. Have you had a tattoo or ear, skin, or body piercing? Yes No
21. Were shared or non-sterile inks, needles, instruments, or procedures used for the tattoo or piercing? Yes No
22. Have you had an accidental needle stick or have you come into contact with someone else’s blood through an open wound (for example, a cut or sore), non-intact skin, or mucous membrane (for example, into your eye, mouth, etc.)? Yes No
23. Have you had or been treated for a sexually transmitted disease, including syphilis? Yes No
24. Have you given money or drugs to anyone to engage in sex with you? Yes No
25. Have you engaged in sex with anyone who had taken money or drugs for sex in the past 5 years? Yes No
26. Have you had sexual contact or lived with a person who has active or chronic viral Hepatitis B or Hepatitis C? Yes No
27. Have you had sex, even once, with anyone who has used a needle to take drugs, steroids, or anything else not prescribed by a doctor in the past 5 years? Yes No
28. Have you had sex with a male who has had sex with another male, even once, in the past 5 years? Yes No
29. Have you had sex, even once, with anyone who has HIV/AIDS or has had a positive test for the AIDS virus? Yes No
30. Have you been in juvenile detention, lockup, jail, or prison for more than 72 continuous hours? Yes No

In the past 5 years:
31. Have you engaged in sex in exchange for money or drugs? Yes No
32. Have you used a needle, even once, to take drugs, steroids, or anything else not prescribed for you by a doctor? Yes No
33. Do you have AIDS or have you ever tested positive for HIV (including screening tests)? Yes No
34. Do you have any of the following:
   34a. Unexplained night sweats? Yes No
   34b. Blue or purple spots on or under the skin or mucous membranes typical of Kaposi’s sarcoma? Yes No
   34c. Unexplained weight loss? Yes No
   34d. Unexplained persistent diarrhea? Yes No
   34e. Unexplained cough or shortness of breath? Yes No
   34f. Unexplained temperature higher than 100.5°F (38.06°C) for more than 10 days? Yes No
   34g. Unexplained persistent white spots or sores in the mouth? Yes No
   34h. Multiple lumps in your neck, armpits, or groin lasting more than one month? Yes No
   34i. Any infections during your pregnancy? Yes No
35. Have you ever tested positive for HTLV (Human T-cell Lymphotrophic Virus) or had unexplained paraparesis (partial paralysis affecting the lower limbs)? Yes No
36. If a person has the AIDS virus, do you understand that the person can give it to someone else, even though they may feel well and have a negative AIDS test? Yes No

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