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## DONOR MEDICAL AND SOCIAL HISTORY FORM

DONOR ID #: 8463

Thank you for your interest in becoming a sperm donor. The following three-part questionnaire has been developed to help us and potential recipients gain insight into your personal and family medical and social history.

### PART I – DONOR GENERAL AND PSYCHOSOCIAL DESCRIPTION

These are questions about your general description, occupation, education, and personal characteristics.

### PART II – DONOR'S FAMILY SOCIAL INFORMATION

This refers to your parents, siblings, and maternal/paternal grandparents. Please complete to the best of your knowledge. You may want to consult with these family members to complete the questions/statements that are unknown to you.

### PART III – DONOR'S PERSONAL MEDICAL HISTORY

This refers to you, your immediate family, aunts, uncles and cousins and grandparents. Once again, you may need to consult with these other family members to answer questions that are unknown to you.

### PART IV – DONOR AND FAMILY MEDICAL HISTORY

This page is a legal document, in which you verify that, to the best of your knowledge, your responses to the questions accurately reflect the past and current state of your personal and family health. It will be detached from the rest of the questionnaire and will remain confidential.

**Please sign and date the statement on page 12.**

### INSTRUCTIONS FOR COMPLETING THIS FORM:

1. **DO NOT USE PENCIL: USE BLUE OR BLACK INK**
2. **FORMS IN PENCIL WILL NOT BE ACCEPTED!**
3. **Please answer *all* questions to the best of your ability by checking the appropriate boxes, circling the appropriate answer or providing written responses in the spaces provided.**
4. **Do not put your name anywhere on this form, except your signature on page 12.**
5. **Do not list the city as place of birth for you or family members. List state only (or country if not US born).**

Donor ID# 81163

PART 1A - DONOR GENERAL AND PSYCHO-SOCIAL DESCRIPTION							
1. Current Age: <u>26 yrs</u>		2. Today's Date: <u>8/28/12</u>		3. Place of Birth (State or Country only): <u>CALIFORNIA</u>			
4. Mo./Yr of Birth: <u>07/68</u>		5. Height: <u>5'11"</u>		6. Weight: <u>145 lbs</u>		7. Eye Color: <u>Blue</u>	8. Hair Color: <u>Brown</u>
9. Hair (circle that apply): Balding Thin Average <u>Thick</u> Curly <u>Wavy</u> Straight						10. Freckles: None <u>Few</u> Numerous	
11. Skin Color: <u>Fair</u> Medium Dark Olive Light Brn Reddish Brn Med. Brn Dark Brn							
12. Are you: Left Handed Right <u>Handed</u> Ambidextrous							
13. Are you a twin? Yes <u>No</u> Fraternal		Are there twins in your family? Yes <u>No</u>		If yes are they: Identical			
14. Family Background: Race: <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Latin <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other							
15. Mother's Ethnicity: 1. <u>CAUCASIAN</u> 2. <u>IRISH</u> 3. 4.							
16. Father's Ethnicity: 1. <u>CAUCASIAN</u> 2. <u>RUSSIAN</u> 3. <u>GERMAN</u> 4.							
17. Circle any group from which you descend: African Jewish Mediterranean Irish <u>American</u> Middle Eastern Cajun French/Canadian							
If Jewish, please circle one of the following: Asian Ashkenazi <u> </u> Sephardic							
PART 1B - EDUCATION AND CAREER							
1. Occupation: <u>EMERGENCY MED. TECH.</u>				2nd Occupation: <u>COACH / MOUNTAIN BIKE</u>			
2. What was your high school GPA? <u>2.5-3.0 /GED</u>				3. Are you currently in college? <u>Yes</u> No			
College/University GPA:		Degree:		Major: <u>UNDECIDED</u>			
Post Graduate GPA:		Degree:		Major:			
4. What are your career goals? <u>Journalist</u>							
PART 1C - PERSONAL CHARACTERISTICS							
1. Math Skill Ability: <u>AVERAGE - BASIC, SOME ADVANCED</u>							
2. Mechanical Ability: <u>AVERAGE - ASSEMBLY, RIG SUPPORT</u>							
3. Athletic Ability: <u>ABOVE AVERAGE - CLIMBER, HIKER, SOULIER, TRIGGER</u>							
4. Musical Ability: <u>ABOVE AVERAGE - COMPOSER</u>							
5. Foreign Language Ability: <u>BELOW AVERAGE - ENGLISH, SOME SPANISH</u>							
6. Artistic Ability: <u>ABOVE AVERAGE - WRITER, MUSICIAN</u>							
7. Special hobbies, talents and interests: <u>5TH CLASS CLIMBER</u>							
8. Favorite Sport: <u>CLIMBING / SOULIER</u>				9. Favorite Food: <u>SPICIN</u>			
10. Favorite Color: <u>GREEN</u>				11. Favorite Pet: <u>CATS</u>			
12. Favorite Movie:				13. Favorite Book or Author: <u>SHOGUN / JAMES CLAVELL</u>			
14. Favorite Music and/or Group(s): <u>YES, KIND CLIMBING, I LISTEN TO EVERYTHING!</u>							
15. Where would you like to travel and why? <u>TO PLACES WHERE MY OUT, I WANT TO SEE DIFFERENT LANDSCAPES. I HOPE NEW ZEALAND IS NEXT.</u>							

Interviewer Comments: Athletic Ability - Donor states "5th class climber" x 9 years. H3

Donor ID# 98403

**PART 1C – PERSONAL CHARACTERISTICS Cont'd**

1. How would you describe your personality? ADVENTUROUS, SPONTANEOUS, CARING

2. Do you consider yourself to be more:  Analytical/Rational or  Intuitive/Feeling  Extrovert or  Introvert

3. Why do you want to be a donor? I SEEM TO COME FROM A LONG LINE OF VERY HEALTHY FAMILIES, TALKED AS WELL, FROM JAZZ MUSICIANS TO ROCKET SCIENTISTS (LITERALLY). MOST OF ALL I'D LIKE TO HELP AND I FEEL LIKE I CAN.

4. Who do you most admire and why? AS A GUY, I ADMIRE INDIVIDUALS WITH MOTIVATION AND DRIVE. THOSE PEOPLE WHO TRY WITHOUT THE NEED TO BE THE BEST WILL CONTINUE TO LEARN ABOUT THEMSELVES AND I HAVE THE MOST RESPECT FOR ANYONE WILLING TO REVEAL THEIR STRENGTHS AS WELL AS THEIR WEARNESES.

**PART 2 – DONOR'S FAMILY INFORMATION (Please Circle choices and/or complete)**

1. Do you have any children? Yes  No  If Yes, please complete the following below:

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Health Problems: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Health Problems: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Health Problems: \_\_\_\_\_

2. Have you been responsible for any other pregnancies? Y  N  If yes, what year(s) did they occur? \_\_\_\_\_

**3. DONOR'S FATHER**

Yr of Birth: 51 Place of Birth: CA Eye Color: Brown Hair Color: Black

Describe Hair: Balding  Thin  Average  Thick  Curly  Wavy  Straight  Height: 6'1" Weight: 200lbs

Complexion:  Fair Medium  Olive Light/Brown  Medium/Brown Dark/Brown  Freckles:  Yes  No

Bone Structure: Small  Medium  Large  Very Large  Vision: Excellent  Good  Fair  Poor

Occupation: MUSIC PROD / FILM, TV Education: 2 yrs COLLEGE / ASD

Special skills or characteristics: EXCELLENT IN ALL INSTRUMENTAL NOTATION (MUSIC)

List any past or present significant health problems: 2005 - CARDIOVASCULAR STRIKE. PRESENT - DIET CONTROLLED TYPE-II DIABETIC

Is he more (circle one in each column): Optimistic/Pessimistic  Assertive/Passive  Leader/Follower  Easy Going/Controlling

**4. DONOR'S MOTHER**

Yr of Birth: 51 Place of Birth: NY Eye Color: Blue Hair Color: Brown

Describe Hair: Balding  Thin  Average  Thick  Curly  Wavy  Straight  Height: 5'0" Weight: 145

Complexion:  Fair Medium  Olive Light/Brown  Medium/Brown Dark/Brown  Freckles: Yes  No

Bone Structure: Small  Medium  Large  Very Large  Vision: Excellent  Good  Fair  Poor

Occupation: HUMAN RESOURCES MGMT. Education: BA COMM / UCA

Special skills or characteristics:

List any past or present significant health problems: NONE

Is she more (circle one in each column): Optimistic/Pessimistic  Assertive/Passive  Leader/Follower  Easy Going/Controlling

Interviewer Comments: \_\_\_\_\_



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5. DONOR'S SIBLING <input checked="" type="radio"/> M <input type="radio"/> F		Half-Sibling <input checked="" type="checkbox"/>	Yr of Birth: <u>1992</u>	Eye Color: <u>BLUE</u>	Hair Color: <u>BROWN</u>			
Describe Hair: Balding <input type="checkbox"/> Thin <input type="checkbox"/> Average <input checked="" type="checkbox"/> Thick <input type="checkbox"/> Curly <input type="checkbox"/> Wavy <input type="checkbox"/> Straight <input type="checkbox"/>			Height: <u>5'4"</u>	Weight: <u>135 lbs</u>				
Complexion: <input checked="" type="radio"/> Fair <input type="radio"/> Medium <input type="radio"/> Olive <input type="radio"/> Light/Brown <input type="radio"/> Medium/Brown <input type="radio"/> Dark/Brown			Freckles: <input checked="" type="radio"/> Yes <input type="radio"/> No					
Bone Structure: Small <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Large <input type="checkbox"/> Very Large <input type="checkbox"/>			Vision: Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>					
Occupation: <u>STUDENT / ACTOR</u>			Education: <u>1st YEAR</u>					
Special skills or characteristics: <u>THEATRE ACTOR / PRODUCER / DIRECTOR</u>								
List any past or present significant health problems: <u>NONE</u>								
Is (s)he more (circle one in each column):		Optimistic/Pessimistic <input checked="" type="radio"/>	Assertive/Passive <input checked="" type="radio"/>	Leader/Follower <input checked="" type="radio"/>	Easy Going/Controlling <input checked="" type="radio"/>			
6. DONOR'S SIBLING <input type="radio"/> M <input type="radio"/> F		Half-Sibling <input type="checkbox"/>	Yr of Birth:	Eye Color:	Hair Color:			
Describe Hair: Balding <input type="checkbox"/> Thin <input type="checkbox"/> Average <input type="checkbox"/> Thick <input type="checkbox"/> Curly <input type="checkbox"/> Wavy <input type="checkbox"/> Straight <input type="checkbox"/>			Height:	Weight:				
Complexion: Fair <input type="checkbox"/> Medium <input type="checkbox"/> Olive <input type="checkbox"/> Light/Brown <input type="checkbox"/> Medium/Brown <input type="checkbox"/> Dark/Brown <input type="checkbox"/>			Freckles: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Bone Structure: Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Very Large <input type="checkbox"/>			Vision: Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>					
Occupation:			Education:					
Special skills or characteristics:								
List any past or present significant health problems:								
Is (s)he more (circle one in each column):		Optimistic/Pessimistic <input type="checkbox"/>	Assertive/Passive <input type="checkbox"/>	Leader/Follower <input type="checkbox"/>	Easy Going/Controlling <input type="checkbox"/>			
7. GRANDPARENTS (Please circle only one for appropriate columns)								
	Place of Birth	Living/Age	Hair Color	Eye Color	Health Is:	Deceased/Age	Cause of Death	List any Health Problems:
MGM	<u>PGAD</u>	<u>Donor/Deceased</u> <u>DEL.</u> <u>84 YRS</u>	<u>BRN</u>	<u>BW</u>	<u>G F P</u>	<u>84 YRS</u>	<u>NATURAL</u>	<u>COPD</u>
MGF	<u>PGAD</u>		<u>BRN</u>	<u>BW</u>	<u>G F P</u>	<u>80 YRS</u>	<u>AORTIC ANEURYSM</u>	<u>ARTHRITIS</u>
PGM	<u>GERMANY</u>		<u>BRN</u>	<u>BW</u>	<u>G F P</u>	<u>89 YRS</u>	<u>NATURAL</u>	<u>DEMENTIA</u>
PGF	<u>RUSSIA</u>		<u>BRN</u>	<u>BW</u>	<u>G F P</u>	<u>93 YRS</u>	<u>NATURAL</u>	<u>NONE</u>

**PART 3 – DONORS PERSONAL MEDICAL HISTORY (Please circle choice)**

1. What is your general state of health?  Excellent  Good  Fair  Poor

2. Do you have any current problems with any of the following?  No  yes (circle all that apply):

Skin  Mouth  Ears  Throat  Breasts  Lungs  Heart  Stomach  Intestines  Kidney  Bladder  Nervous System  
Blood

Eyes  Bowel  Liver  Bones  Muscles  Blood Vessels  Immune System  Endocrine system

3. Have you ever been hospitalized?  Yes  No If yes, please explain: EXTREME DEHYDRATION

Interviewer Comments: \_\_\_\_\_

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PART 3 – DONORS PERSONAL MEDICAL HISTORY Cont'd

4. Have you ever had surgery for (including but not limited to un-descended testicle(s), hernia, pelvic, bladder or abdominal)

Yes  No

If yes please provide the following information:

Year	Hospital	Type of Problem/Surgery

5. Do you have any allergies to drugs, food, or environment, such as hay fever?  Yes  No  Unsure

SULFADRUGS

6. Are you taking any non-prescription medications, including vitamins?  No  Yes Please list any you are currently taking and for how long.

7. Are you taking any prescription medications?  No  Yes Please list any you are currently taking and for how long.

8. Do you use any performance enhancing drugs, including steroids?  Yes  No If so, please list:

9. Do you wear glasses?  Yes  No How is your vision w/o glasses? Excellent  Good  Fair  Poor

10. Are you:  Nearsighted or  Farsighted Your vision is: 20/\_\_\_\_  Unsure

11. Do you have any hearing problems?  Yes  No If yes, please explain:

12. What is the condition of your teeth? Excellent  Good  Fair  Poor How is your diet?  Good  Fair  Poor  Vegetarian

13. Do you exercise:  4 or more times per week  1-3 times per week  Never/almost never

14. Describe your exercise routine: CLIMB/HIKE/CARDIO/WEIGHTS/ROW

15. Have you ever had a serious or prolonged illness?  Yes  No If yes, please explain:

16. Do you take hot baths, hot tubs, saunas or steam baths?  Daily  Weekly  Infrequently

17. Do you use any of the following?  Yes  No If yes, please complete the following information:

	Frequency of Use	Last Time Used		Frequency of Use	Last Time Used
Marijuana	1-2x WK	2009	Hallucinogens		
Psychiatric Meds			Anti-depressants		
Cocaine			Tranquilizers		
Narcotic Pain Killers			Amphetamines		
Barbiturates			Other _____		

18. Do you smoke?  Yes  No How long have you smoked? If yes how many per day?

19. Do you drink coffee?  Yes  No If yes, how many cups per day? 0-1 How many alcoholic drinks do you consume in a week? 2-4 Per Month? 8-16

Have you ever had a major radiation exposure or x-ray exposure, including in your line of work?  Yes  No  
If yes, please explain: I'M RARELY PROXIMAL TO X-RAYS IN EMERGENCY ROOMS.

Interviewer Comments: \_\_\_\_\_

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21. Have you ever been exposed to significant amounts of the following in your living environment, work or hobbies:  Yes  No

If yes:	Type	When	How Often	For How Long
	Toxic Chemicals			
	Drugs			
	Pesticides			
	Fumes/Exhaust/ Gases			
	Flea Powder/Sprays			
	Lead Products			
	Asbestos Products			
	Herbicide Products			

**PART 4 - DONOR AND FAMILY MEDICAL HISTORY**

Please indicate how many of each of the following relatives you have:

Sibling-Brother	<u>0</u>	Aunt-Maternal	<u>4</u>	Cousin-Maternal-Female	<u>6</u>
Sibling-Sister	<u>0</u>	Aunt-Paternal	<u>1</u>	Cousin-Maternal-Male	<u>6</u>
Half-Brother	<u>1</u>	Uncle-Maternal	<u>1</u>	Cousin-Paternal-Female	<u>1</u>
Half-Sister	<u>0</u>	Uncle-Paternal	<u>0</u>	Cousin-Paternal-Male	<u>1</u>

*domaena 2/3*  
*donor contribution: 1/3*  
*donor reporting on 2nd cousins*  
*No paternal 1st cousins*

Are there any known genetic diseases that run in your family?  Yes  None Known

Please indicate which of the following medical problems you or your blood relatives have had to the best of your knowledge. Please check "No One" for each medical problem listed above which has not affected you or any of your family members.

A	Medical Problem	Sibling					Grandparents				Aunts/Uncles		Cousins		None Known	
		You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
1	Cleft Lip, palate															X
2	Club Feet															X
3	Extra fingers and toes															X
4	Down Syndrome															X
5	Mental Retardation															X
6	Unexplained infant or childhood deaths															X
7	Multiple family members with same trait disease															X
8	Individuals much shorter/taller than rest of family															X
9	Individuals who look unusual or different															X
10	Multiple miscarriages															X
11	Stillbirths															X
12	Other birth defects (even if correctable)															X

Interviewer Comments: \_\_\_\_\_



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B	Medical Problem	Sibling					Grandparents				Aunts/Uncles		Cousins		None Known
		You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	
1	Adult Acne (not teen pimples)														X
2	Eczema														X
3	Psoriasis														X
4	Skin Cancer (Melanoma)														X
5	Skin Cancer (Basal Cell Carcinoma)														X
6	Other Skin disorders														X
C	Medical Problem	Sibling					Grandparents				Aunts/Uncles		Cousins		None Known
		You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	
1	Deafness before age 60														X
2	Significant hearing loss						X				X (from 89y/o)				
3	Deformity of the ear														X
4	Strabismus				X										
5	Cataracts before age 60														X
6	Macular Degeneration														X
7	Blindness														X
8	Color Blindness														X
9	Glaucoma														X
10	Anosmia (Lack of Smell)														X
11	Other sight/sound/smell disorders														X
D	Medical Problem	Sibling					Grandparents				Aunts/Uncles		Cousins		None Known
		You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	
1	Migraines														X
2	Senility before 50														X
3	Alzheimer's diseases (age of onset)														X
4	Parkinson's														X
5	Multiple sclerosis														X
6	Cerebral palsy														X
7	Autism/Mental Retardation														X
8	Epilepsy or seizure														X
9	Stroke														X
10	Progressive Muscular Disorders														X

maternal cousin colorblind to rec of nephew d. h. r. - 1/3

maternal cousin colorblind to rec of nephew d. h. r. - 1/3

Interviewer Comments: C (#2) Donor reports PGF wore hearing aid, bilateral for 4 years prior to death at 93 y/o. - 1/3 M L M wore hearing aid for at least 5 years prior to death at 84 yrs old, per donor statement. - 1/3  
(#4) Strabismus diagnosis, per donor, since early childhood. Corrected by glasses. - 1/3

Donor ID# **8463**

D	Medical Problem	You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		None Known	
					M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
11	Learning Difficulties/ Special Ed/Speech Delay															X
12	Sleep Disorders															X
13	Attention Deficit Hyperactivity Disorder (ADHD)															X
14	Hydrocephalus (Fluid on the brain)															X
15	Disorder of the spinal cord															X
16	Huntington's disease															X
17	Degenerative Nerve Disorders															X
18	Neurofibromatosis															X
19	Neural tube defect															X
20	Other diseases of the nervous system															X
E	Medical Problem	You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		None Known	
					M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
1	Heart defects at birth															X
2	Heart disease															X
3	Heart attack (age of onset)															X
4	High Cholesterol															X
5	High Blood Pressure															X
6	Cardiomyopathy															X
7	Sudden Death															X
F	Medical Problem	You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		None Known	
					M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
1	Anemia															X
2	Sickle-Cell anemia															X
3	Hemophilia or other bleeding problems															X
4	Polycythemia															X
5	Blood Clots															X
6	Other blood disorder															X
G	Medical Problem	You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		None Known	
					M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
1	Hay Fever															X
2	Asthma															X

Interviewer Comments: \_\_\_\_\_



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Medical Problem		Sibling			Grandparents				Aunts/Uncles		Cousins				
G	Respiratory (Lungs) Cont'd	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
3	Tuberculosis														X
4	Lung cancer														X
5	Emphysema or Chronic Lung Disease						X								
6	Other lung disease														X
Medical Problem		Sibling			Grandparents				Aunts/Uncles		Cousins				
H	Metabolic, Endocrine, or Autoimmune	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
1	Type I Diabetes ( Insulin Dependent, Juvenile Onset)														X
2	Type II Diabetes (Adult Onset)														X (diagnosed at 55 y/o, diet controlled; Rx (prescription medication).
2	Thyroid cancer														X
3	Thyroid disease														X
4	Goiter														X
5	Adrenal dysfunction or disorder														X
6	Other														X
Medical Problem		Sibling			Grandparents				Aunts/Uncles		Cousins				
I	Gastro-intestinal Problems	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
1	Ulcer or stomach or duodenum														X
2	Gallstones										X				
3	Other liver disease														X
4	Colon cancer														X
5	Intestinal cancer														X
6	Ulcerative colitis														X
7	Crohn's disease														X
8	Any other disease/problem of digestive system														X
Medical Problem		Sibling			Grandparents				Aunts/Uncles		Cousins				
J	Urinary Problems	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
1	Kidney disease														X
2	Bladder Cancer														X
3	Kidney Cancer														X
4	Other disease of the Urinary tract (urethra, bladder, ureter)														X
5	Other, including born with one kidney or kidney failure														X

Interviewer Comments: I (#5) MGM, per donor, diagnosed with COPD but a non smoker. He reports it was believed to have been from environment/living situation. I (#2) maternal Aunt has history of gallstones, per donor.

Donor ID# 84607

K	Medical Problem	You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		None Known	
					M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
1	Abnormally placed urethra (Hypospadias)															X
2	Premature Menopause or Ovarian Failure															X
3	Fragile X Syndrome															X
	Multiple Miscarriages															X
3	Uterine fibroids															X
4	Ovarian cysts															X
5	Cancer of cervix, ovaries or uterus															X
6	Ambiguous genitals (hermaphrodite)															X
7	Other															X
M	Medical Problem	You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		None Known	
					M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
1	Early onset cancer (before age 50)															X
2	Breast cancer															X
3	Ovarian Cancer															X
4	Colon Cancer															X
5	Lung Cancer															X
6	Brain Cancer															X
7	Prostate Cancer															X
8	Pancreatic Cancer															X
9	Leukemia															X
10	Lymphoma															X
11	Any family member with more than one type of cancer															X
12	Other cancer (Describe) MULTIPLE MYELOMA											X				
L	Medical Problem	You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		None Known	
					M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
1	Schizophrenia															X
2	Manic-depressive illness (Bi-Polar)															X
3	Other mental health disorder requiring hospitalization															X
4	Severe depression with period of inability to function															X

Interviewer Comments: M (#12) Donor reports maternal aunt (64/10) diagnosed with multiple myeloma (cancer of plasma cells) at 62/10. Living. -ll3



Donor ID# 0403

N	Medical Problem	You			Sibling		Grandparents				Aunts/Uncles		Cousins			None Known
		M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F			
1	Muscular dystrophy															X
2	Degenerative Muscle Disorders															X
3	Lupus															X
4	Scoliosis															X
5	Spina bifida															X
6	Osteoporosis															X
7	Arthritis (rheumatoid osteo, unknown type)							X								
8	Gout															X
9	Other muscoskeletal disease															X
10	Other chronic muscle disease															X
O	Medical Problem	You			Sibling		Grandparents				Aunts/Uncles		Cousins			None Known
		M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F			
1	Alcoholism							X								
2	Drug abuse, misuse, or addiction															X
3	Tay-Sachs															X
4	Canavan Disease															X
5	Cystic Fibrosis															X
6	Gaucher's disease															X
7	Familial Dysautonomia															X
8	Bloom syndrome															X
9	Fanconi anemia group C															X
10	Glycogen storage disease type 1a															X
11	Maple syrup urine disease															X
12	Mucopolidosis type IV															X
13	Niemann-Pick disease															X
14	Huntington's chorea															X
15	Marfan's disease															X
16	Gulliam-Barre															X
17	Wilson's disease															X
18	Adverse Reaction to Medications															X
19	Diagnosis of any known genetic syndrome															X
20	Missing teeth (from birth)															X
21	Any other condition not previously mentioned															X

Interviewer Comments: N30 (#7/#1) Donor reports MCF abuse & ETOH but sober 20yrs before death at 80. States "grandfather had stressful job" before retirement. - H3