Pacific Reproductive Services A Fairfax Cryobank

Updated medical information on the donor and his family (if applicable) can be found at fairfaxcryobank.com/prs-donor-updates

DONOR MEDICAL AND SOCIAL HISTORY FORM

DONOR ID #: 6171

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

Please sign and date the statement on page 12. 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.

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.
- Do not list the city as place of birth for you or family members. List state only (or country if not US born).

Current Age: 30 Today's D Mo./Yr of Birth: 4/23/1979 Height: 5 Iair (circle that apply): Balding Thin Skin Color; Fair Medium	Weight: /		Country only): UNIC	d States olor: Light Brown
lair (circle that apply): Balding Thin		99 Eye Cold	or: Haza I Hair Co	olor: 1: 1+ Realis
lair (circle that apply): Balding Thin			nquel	Light Order
kin Color; Fair Medium	Average Thick Curl	y Wavy Straight	Freckles: None F	ew Numerous
	Dark Olive	Light Brn Redd	ish Brn Med. Brn	Dark Brn
re you: Left Handed	Right Ha	anded A	mbidextrous	
re you a twin? Yes No Are	there twins in your fam	ly? Yes No	If yes are they: Identic	cal Fraternal
amily Background: Race: 🗹 Cauc	_	☐ Asian ☐ Latin	Middle Eastern	Other
Nother's Ethnicity: 1. エスは	2. Native Am	prican 3 1/8 che	okee) \$4.	
ather's Ethnicity: 1. TRS	2. Some Turk	ish 3.	4.	
rircle any group from which you descend	d: African Medit	erranean Middle Ea	stern French/Canad	ian Jewish
Jewish, please circle one of the following	ng: Asian	Ashkenzai	Sephardic	
ART 1B - EDUCATION AND C	CAREER			
occupation: Actor Writer		2nd Occupation: Doc	R Security	
/hat was your high school GPA? 3.	4	Are you currently in colle	ege? Yes (No
ollege/University GPA: 3.3	Degree: Bache	lors of Arts	Major: Theater	
ost Graduate GPA:	Degree:		Major:	-
hat are your career goals?To Mak	ce a successful	living pas and	actor and to	inspire
ART 1C - PERSONAL CHARA	ACTERISTICS	医生物 医多种物种	经营业的专家的专家	中华的 年 使 中华的
lath Skill Ability: Pretty good.	Didn't have t	he interest Like	thing can be	done with prac
thletic Ability: VELY good. F	was on the	Highsehad Swin	NC a week.	is ream.
lusical Ability: — College 2	for 2 years	and Sang B	ass and Bariton	us in chail
oreign Language Ability I took	- 3 years	of Japanese	in Highschool.	
rtistic Ability: VERY ARTISTIC. H	towe Boen in to Read an	More than 30 id write Poet	My. Always Look	ny at the Ban
rtistic Ability: Very Artistic. H	I like to Pl	ay chess a lot	esset Mangham,	My favorite Au
avorite Sport: Tennis & Foot	ball	Favorite Food:	alian	
avorite Color: Blue		Favorite Pet: Tough	cats & Days.	Week
avorite Movie: Lost in TRANS		Favorite Book or Author	The Razors	Edge
Vhere would you like to travel and why? Museums, you Can Halk and Lands Cafes Cale		lock, & Classica	.1.	
	1 4 1	Borouse Hat	place has so	MANY

	Bollot ID# G! ! !
PART 1C - PERSONAL CHARACTERIST	ICS Cont'd
How would you describe your personality?	Goodballish, serious, sensitive, and very witty.
Do you consider yourself to be more:	Analytical/Rational or Intuitive Feeling Extroverior Introvert
	ve a great Family the offortwity of having a For that child to grow up in a wonderful ment. Children are the Meaning of Life.
Who do you most admire and why? MY PERSON UNDER ANY CYE SWEET KIND, & EMPETHATI QUALITIES, Z WONLANT WOMAN.	Mothell. Shes a very strong and courageous runstance. At the same time she is very loving, of like to think I have many of her be who I am today without that wonderful

Do you have any childre	n? Yes	No	If Yes, please	complete the	following	below:			
Age: Sex:_	Hea	alth Problems:					-ma:an, -m, -min		
Age: Sex:_	Hea	alth Problems:	****						
Age: Sex:_	Hea	Ith Problems:							
Have you been responsi	ble for any	other pregnar		If yes, what y		d they occur?			_
DONORS FATHER	Yr	of Birth:		Birth: Texas		ye Color: BR	H LANG	air Color: 8	ROWN
Describe Hair: Balding	Thin A	verage Thick	Curly Wa	vy Straight	H	eight: 5'9		Weight:	165
Complexion: Fair	Medium	Olive	Light/Brown	Medium/Bro	own	Dark/Brown	Freck	les: Yes	No
Bone Structure: Sma	II (Medit	um Large	Very Large	[,	Vision:	Excellent	God	od Fair	Poor
Occupation: Accou	11 4				Educatio	n: Bachelo	05	N ACCA	unting
/1000	antant			1 .	Ladoatio	Dachele	1-3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		ery Funi	ny Sense		***************************************				
Special skills or characte	eristics: VE	1 .		of humo	***************************************				
Special skills or characte	eristics: V e	nealth problem	ns: None	of humo	R. Ve	ury smar	+, ₩	ell Edno	ated.
Special skills or characte List any past or present s s he more (circle one in	eristics: Ve significant h	nealth problem	ns: None	Assertive Pas	ssive	Leader Follo	t, w	Easy Goin	g)Controllin
Special skills or characte List any past or present s	eristics: Ve significant h	nealth problem	ns: None	of humo	ssive	Leader Follo	t, w	Easy Goin	g)Controllin
Special skills or characte List any past or present s s he more (circle one in	eristics: Ve significant h	nealth problem	ric Pessimistic	Assertive Passertive P	ssive	Leader Follo	t, w	Easy Goin	g)Controllin
Special skills or character is any past or present so she more (circle one in DONOR'S MOTHER Describe Hair: Balding	eristics: Ve	nealth problem nn): Optimis r of Birth:	ric Pessimistic	Assertive Passertive P	ssive H	Leader Follo	t, w	Easy Goir Weight:	g)Controllin
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Bone	Structure: Sn	nall Mediu	ım Laı	rge Ver	y Large	Vision: Exce	llent Good) Fair	Poor	
Occup	pation: OP+	CS Engil	neek			Education: Ma	sters Deg	Ree i	w optics, universit	y of ARiz
Specia	al skills or charac			FOR RO	aythean	Very SA	nart and s		N Math	and
List ar	y past or presen	t significant h	ealth prot	olems:	vove	-			Science	
s (s)he	more (circle one	in each colu	mn): Opti	místic Pess	simistic (As	ssertive/Passive	Leader/ ollow	er Eas	sy Going Contro	lling
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							T			
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	exion: Fair Structure: Sm	nall Mediu	m Lar	ge Very	Large	edium/Brown Vision: Excel		Freckles:	Yes No)
	Structure: Sm	nall Mediu	m Lar	ge Very	Large	Vision: Excel		Fair	Poor)
Bone S	Structure: Sm	Medium Relation	D Lar	ge Very	Large	Vision: Excell	lent Good	Fair	Poor)
Bone S Occup Specia	Structure: Sm ation: Public	Medium Relation AR teristics: V	DAS FOR	ge Very	Large	Vision: Excell	lent Good	Fair	Poor	
Bone S Occup Specia	ation: Public Hotel	Relation AR teristics: V	Lary CNS FO ZONA CRY :	ge Very R ups SKiller lems: A	Large Cale IN JONE	Vision: Excell	lent Good	Fair Journ	Poor	
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1. Wha	t is your	general	state of h	ealth?	(Ex	cellent	God	bc	Fair	Poor		
2. Do y	ou have	any curr	ent proble	ems with (C	heck circ	e all that a	apply):	None				
Skin	Mouth	Ears	Throat	Breasts	Lungs	Heart	Stomach	Intestines	Kidney	Bladder	Nervous System	Blood
Eyes	Bowel	Liver	Bones	Muscles	Blood Ve	essels	Immune S	ystem En	docrine sys	stem		
3. Have	e you eve	r been l	nospitalize	ed? Ye	s (No) If ye	s, please	explain:				
			s: MG	MA Œ	SNO	404						

5. Did you mother take DES or any prescription drugs while she was pregnant with you? A please list any non-prescription medications, including vijamins, you are currently taking and for how long. Please list any prescription medications you are currently taking and for how long. Please list any prescription medications you are currently taking and for how long. Do you use any performance enhancing drugs, including steroids? Yes No How is your vision wio glasses? Excellent Good Fair Poor O. Are you: Nearsighted or Farsighted Your vision is: 20/16		had surgery for (including	g but not limited to ur	n-descended tes	sticle(s), h	ernia, pelvic	, bladder or	abdominal)	Yes No
5. Did you mother take DES or any prescription drugs while she was pregnant with you? 6. Please list any non-prescription medications, including vilamins, you are currently taking and for how long. 7. Please list any prescription medications you are currently taking and for how long. 8. Do you use any performance enhancing drugs, including steroids? 9. Do you wear glasses? 10. Are you: 11. Do you wear glasses? 12. What is the condition of your teeth? Excellent Scoop Fair Poor How is your diet? 13. Do you exercise: 14. Describe your exercise routine: 5	If yes either of the	above, please p	provide t	he following:						
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Psychiatric Meds Cocaine Tranquilizers Narcotic Pain Killers Barbiturates Other 18. Do you smoke? Yes No How long have you smoked? Maybe year 19. Do you drink coffee? If yes, how many cups per day? How many alcoholic drinks do you consume in a week? Per Month? Per Month?	13. Do you exercis 14. Describe your e 15. Have you ever 16. Do you take ho	exercise routine: had a serious or	grolong , saunas	Days a vertical sed illness? Yes	1-3 ti	lom 2 yes, please	e explain:	Never/	almost never	r
Tranquilizers Narcotic Pain Killers Barbiturates Other 18. Do you smoke? (S) No How long have you smoked? (A) Year If yes how many per day? (C) Consume in a week? Per Month? Per Month?	13. Do you exercis 14. Describe your e 15. Have you ever 16. Do you take ho	exercise routine: had a serious or of baths, hot tubs,	prolong, saunas	Days a vertical part of the second part of the seco	1-3 ti	lom 2 yes, please	e explain:	Never/	almost neve	o min
Narcotic Pain Killers Barbiturates Other 18. Do you smoke? Yes No How long have you smoked? Maybe a year If yes how many per day? Z Cigarches q year 19. Do you drink coffee? If yes, how many cups per day? How many alcoholic drinks do you consume in a week? Per Month? Per Month?	13. Do you exercis 14. Describe your of 15. Have you ever 16. Do you take ho 17. Do you use any	exercise routine: had a serious or of baths, hot tubs,	prolong, saunas	Days a vertical part of the second part of the seco	1-3 ti	yes, pleason	e explain:	Never/	almost neve	o min
Barbiturates Other 18. Do you smoke? Yes No How long have you smoked? Maybe a year If yes how many per day? Z Cignettes a year If yes how many per day? Z Cignettes a year If yes, how many cups per day? How many alcoholic drinks do you consume in a week? Per Month?	13. Do you exercis 14. Describe your of 15. Have you ever 16. Do you take ho 17. Do you use any	exercise routine: had a serious or of baths, hot tubs,	prolong, saunas	Days a vertical part of the second part of the seco	1-3 ti No If y Daily Following Inform Hallucinoger	yes, please	e explain:	Never/	almost neve	o min
18. Do you smoke? (es) No How long have you smoked? Maybe If yes how many per day? Z Cignettes q 19. Do you drink coffee?	13. Do you exercis 14. Describe your of 15. Have you ever 16. Do you take ho 17. Do you use any Marijuana Psychiatric Meds	exercise routine: had a serious or of baths, hot tubs,	prolong, saunas	Days a vertical part of the second part of the seco	1-3 ti Veck from No If y Daily following Inform Hallucinoger Anti-depress	yes, please	e explain:	Never/	almost neve	o min
19. Do you drink coffee? If yes, how many cups per day? How many alcoholic drinks do you consume in a week? Per Month?	13. Do you exercis 14. Describe your of 15. Have you ever 16. Do you take ho 17. Do you use any Marijuana Psychiatric Meds Cocaine Narcotic Pain	exercise routine: had a serious or of baths, hot tubs,	prolong, saunas	Days a vertical part of the second part of the seco	Daily Hallucinoger Anti-depress	yes, please	e explain:	Never/	almost neve	o min
Yes No Per Month?	13. Do you exercis 14. Describe your of 15. Have you ever 16. Do you take ho 17. Do you use any Marijuana Psychiatric Meds Cocaine Narcotic Pain Killers	exercise routine: had a serious or of baths, hot tubs,	prolong, saunas	Days a vertical part of the second part of the seco	Daily Hallucinoger Anti-depress Tranquilizers Amphetamin	yes, please	e explain:	Never/	almost neve	o min
Have you ever had a major radiation exposure or x-ray exposure, including in your line of work?	13. Do you exercis 14. Describe your of 15. Have you ever 16. Do you take ho 17. Do you use any Marijuana Psychiatric Meds Cocaine Narcotic Pain Killers Barbiturates	exercise routine: had a serious or by baths, hot tubs, y of the following Frequency of	grolong, saunas	ped illness? Yes s or steam baths? please complete the Last Time Used	Daily Following Inform Hallucinoger Anti-depress Tranquilizers Amphetamin Other	mation:	week e explain: Weekly Frequence	Infrequency of Use	almost never	o min
	13. Do you exercis 14. Describe your of 15. Have you ever 16. Do you take ho 17. Do you use any Marijuana Psychiatric Meds Cocaine Narcotic Pain Killers Barbiturates 18. Do you smoke?	exercise routine: had a serious or by baths, hot tubs, y of the following Frequency of	prolong, saunas If yes, If yes,	ped illness? Yes s or steam baths? please complete the Last Time Used	Daily following Inform Hallucinoger Anti-depress Tranquilizers Amphetamin Other The Maybe and the property of the prope	mation: If yes how ma	week e explain: Weekly Frequence ow many per any alcoholic	Infrequency of Use	almost never	Used tos q

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

TO SECURE OF THE PROPERTY OF THE PARTY OF TH				700
经济产品的	Туре	When	How Often	For How Long
Toxic Chemicals				
Drugs				
Pesticides				
Fumes/Exhaust/ Gases				
Flea Powder/Sprays				
Lead Products				
Asbestos Products				
Herbicidal Products				

Please indicate how ma	any of each of the follo	owing relatives you have:		
Sibling-Brother	/	Aunt-Maternal/	_ Cousin-Maternal-Female	
Sibling-Sister	/	Aunt-Paternal	Cousin-Maternal-Male	
Half-Brother	Donor of	Uncle-Maternal/	Cousin-Paternal-Female	
Half-Sister		Uncle-Paternal/	Cousin-Paternal-Male	

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

	Medical Problem				Sib	oling		Grand	parents		Aunts/	Uncles	Cou	sins	
A	Birth Defects	You	М	F	М	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	Α	U	М	F	No One
1	Cleft Lip, palate					mile 1025 (1000000000000000000000000000000000000								***************************************	V
2	Club Feet														V
3	Extra fingers and toes														V
4	Down Syndrome														~
5	Mental Retardation														/
6	Unexplained infant or childhood deaths														1
7	Multiple family members with same trait disease														~
8	Individuals much shorter/taller than rest of family														/
9	Individuals who look unusual or different														/
10	Multiple miscarriages														~
11	Stillbirths														/
12	Other birth defects (even if correctable)														✓

Interviewer Comments:		

Donor ID# 6171 Medical Problem Sibling Grandparents Aunts/Uncles Skin Problems B Maternal Materna! You M F M Paternal U M No GM GF GM GF One 1 Adult Acne (not teen) 2 Eczema 3 **Psoriasis** Skin Cancer (Melanoma) 4 5 Skin Cancer (Basal Cell Carcinoma) 6 Other Skin disorders Medical Problem Sibling Grandparents Aunts/Uncles Cousins C Sight/Sound/Smell Matemal Maternal You M Paternal Paternal M F U No GF GM GF One 1 Deafness before age 60 2 Significant hearing loss 3 Deformity of the ear 4 Strabismus 5 Cataracts before age 60 6 Macular Degeneration 7 Blindness 8 Color Blindness 9 Glaucoma 10 Anosmia (Lack of Smell) 11 Other sight/sound/smell disorders Medical Problem Sibling Grandparents Aunts/Uncles Cousins Maternal D Mental or Neurological You M F M Maternal Paternal Paternal U M No GM GF GM GF One 1 Migraines Senility before 50 2 3 Alzheimer's diseases (age of onset) 4 Parkinson's 5 Multiple sclerosis 6 Cerebral palsy 7 Autism 8 Epilepsy or seizure 9 Stroke Progressive Muscular Disorders

Interviewer Comments: Met cousin eye 32 Blind from Type I diabetes - no often diabetes in family (her fether's hx is not known) &

				20 (40 14.2						[Donor	-		TI	
	Medical Problem				S	ibling		-	parents		Aunt	s/Uncles	Cou	usins	
D	Mental or Neurological Cont'd	You	M	F	М	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	υ	М	F	No One
11	Sleep Disorders														~
12	Attention Deficit Hyperactivity Disorder (ADHD)														V
13	Hydrocephalus (Fluid on the brain)														V
14	Disorder of the spinal cord														V
15	Huntington's disease														V
16	Degenerative Nerve Disorders														V
17	Neurofibromatosis														V
18	Neural tube defect														/
19	Other diseases of the nervous system														/
	Medical Problem				Si	bling		Grand	parents		Aunts	/Uncles	Cou	sins	
E	Heart Problems or Circulatory	You	М	F	М	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	М	F	No One
1	Heart defects at birth									<u> </u>				***************************************	V
2	Heart disease														V
3	Heart attack (age of onset)														V
4	High Cholesterol														~
5	High Blood Pressure														/
)	Cardiomyopathy														/
,	Sudden Death												- 1		/
	Medical Problem		200		Sil	oling		Grandp	arents		Aunts	Uncles	Cou	sins	
	Blood Problems	You	М	F	М	F	Maternal GM	Maternal GF	Paternal GM	Paternal	A	U	М	F	No One
	Anemia														V
:	Sickle-Cell anemia														V
3	Hemophilia or other bleeding problems														/
	Polycythemia														V
	Blood Clots							V							
	Other blood disorder														/
	Medical Problem	7.7			Sib	oling		Grandp	-		Aunts/	Uncles	Cous		
	Respiratory (Lungs)	You	М	F	М	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	Α	U	М	F	No One
	Hay Fever														V
	Asthma	1	V												

Interviewer Comments: Donor has as Time since child hood which has to in abulthord.

We exercises regularly w/o problem. Wainly has problems w/ pollar. Use

inhaler only if needed. Woller his history of or Tima - very and - no was of

MGF 81 yrs old - had blood clots in Dep related to to activity which

one kidney or kidney failure

Donor ID# 6171 Medical Problem Sibling Grandparents Maternal G Maternal Paternal Respiratory (Lungs) You Paternal M F M F U M No Cont'd GM GF GM GF One 3 Tuberculosis 4 Lung cancer 5. Emphysema or Chronic Lung Disease 6 Other lung disease Medical Problem Sibling Grandparents Aunts/Uncles Cousins H Metabolic, Endocrine, or You M F M F Maternal Maternal Paternal Paternal U No GF GM GM GF Autoimmune One 1 Type I Diabetes (Insulin Dependent, Juvenile Onset) 2 Type II Diabetes (Adult Onset) 2 Thyroid cancer 3 Thyroid disease 4 Goiter 5 Adrenal dysfunction or disorder 6 Other Medical Problem Sibling Grandparents Aunts/Uncles Cousins Maternal Maternal Paternal Paternal Gastro-intestinal You F M M U Α M No **Problems** GM GF GM GF One Ulcer or stomach or 1 duodenum Gallstones 2 Other liver disease 3 Colon cancer 4 Intestinal cancer 5 Ulcerative colitis 6 Crohn's disease 7 Any other disease/problem 8 of digestive system Sibling Aunts/Uncles Medical Problem Grandparents Cousins Maternal Maternal Paternal Paternal **Urinary Problems** M F M F You Α U No GM GF GM GF One 1 Kidney disease Bladder Cancer 2 Kidney Cancer 3 Other disease of the 4 Urinary tract (urethra, bladder, ureter) 5 Other, including born with

emphysera rolated to susking Interviewer Comments: M6M died ay ay 72 from
Mut woush w/ Type I diabetes - ax 32

										l			ا مي		
	Medical Problem	4 55			5	Sibling	166	Grand	parents	0.00	Aunt	s/Uncles	Co	usins	
ĸ	Problems of the Genital or Reproductive System	You	М	F	М	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	М	F	No One
1	Abnormally placed urethra (Hypospadius)														V
2	Premature Menopause or Ovarian Failure														V
3	Fragile X Syndrome														V
**************	Multiple Miscarriages														~
3	Uterine fibroids														~
4	Ovarian cysts														~
5	Cancer of cervix, ovaries or uterus								Ī						~
6	Ambiguous genitals (hermaphrodite)														/
7	Other														/
	Medical Problem			12.23	Si	bling		Grand	parents	- 12-1-13-13-13-13-13-13-13-13-13-13-13-13-1	Aunts	/Uncles	Cou	sins	100
M	Cancers	You	М	F	М	F	Maternal	Maternal	Paternal	Paternal	А	U	М	F	No
	Supplied the second section of the						GM	GF	GM	GF					One
1	Early onset cancer (before age 50)														~
2	Breast cancer														
3	Ovarian Cancer														~
1	Colon Cancer														V
5	Lung Cancer														レ
6	Brain Cancer														/
7	Prostate Cancer								***************************************						/
3	Pancreatic Cancer														/
)	Leukemia														V
10	Lymphoma														V
11	Any family member with more than one type of cancer							***************************************							/
2	Other cancer (Describe)														/
	Medical Problem	4.5	,,		Sit	oling		Grandp	arents		Aunts/0	Jncles	Cou	sins	
	Mental Health Problems	You	М	F	М	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	Α	U	М	F	No
	Schizophrenia						GIVI	OF .	GIVI	GF					One
	Manic-depressive illness (Bi-Polar)														/
	Other mental health disorder requiring hospitalization														/
	Severe depression with period of inability to function														/

Interviewer Comment	ts:

	Medical Problem				s	bling		Grandparents			Aunts/Uncles		Cousins		
N	Problems of the Muscle, Bones, or Joints	You	М	F	М	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	Α	U	М	F	No One
1	Muscular dystrophy		1												V
2	Degenerative Muscle Disorders					1									V
3	Lupus													İ	/
4	Scoliosis														V
5	Spina bifida														~
6	Osteoporosis														~
7	Arthritis (rheumatoid osteo, unknown type)														V
8	Gout														V
9	Other muscoskeletal disease														V
10	Other chronic muscle disease														~
	Medical Problem			777	SII	oling	275	Grandpa	arents	12/2/3	Aunts	Uncles	Cou	isins	
o	Other Disorders	You	М	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	Α	U	М	F	No One
1	Alcoholism														V
2	Drug abuse, misuse, or addiction												/		
3	Tay-Sachs														V
4	Canavan Disease														V
5	Cystic Fibrosis														~
6	Gaucher's disease														~
7	Familial Dysautonomia														/
3	Bloom syndrome														/
9	Fanconi anemia group C														V
10	Glycogen storage disease type 1a														/
11	Maple syrup urine disease														/
12	Mucolipidosis type IV														
13	Niemann-Pick disease														
14	Huntington's chorea														/
15	Marfan's disease														V
6	Gulliam-Barre														~
7	Wilson's disease														
8	Adverse Reaction to Medications														V.
9	Diagnosis of any known genetic syndrome														$\sqrt{}$
0	Missing teeth (from birth)														1
1	Any other condition not previously mentioned													ĺ	/

Interviewer Comments: Mat coan's used drugs in past -no use ans. of