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

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PART 1A - DONOR GENERAL AND PSYCHO-SOCIAL DESCRIPTION

Current Age: 30	Today's Date: 7.25.2009	Place of Birth (State or Country only): United States		
Mo./Yr of Birth: 4/23/1979	Height: 5'11	Weight: 199	Eye Color: Hazel	Hair Color: Light Brown
Hair (circle that apply): Balding Thin Average Thick Curly Wavy Straight		Freckles: None Few Numerous		
Skin Color: Fair Medium Dark Olive Light Brn Reddish Brn Med. Brn Dark Brn				
Are you: Left Handed Right Handed Ambidextrous				
Are you a twin? Yes No		Are there twins in your family? Yes No		If yes are they: Identical Fraternal
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				
Mother's Ethnicity: 1. IRish 2. Some Native American 3. (1/8 Cherokee) 4.				
Father's Ethnicity: 1. IRish 2. Some TURKish 3. 4.				
Circle any group from which you descend: African Mediterranean Middle Eastern French/Canadian Jewish				
If Jewish, please circle one of the following: Asian Ashkenzai Sephardic				

PART 1B - EDUCATION AND CAREER

Occupation: Actor/Writer	2nd Occupation: Door Security
What was your high school GPA? 3.4	Are you currently in college? Yes No
College/University GPA: 3.3	Degree: Bachelors of Arts Major: Theater
Post Graduate GPA:	Degree: Major:
What are your career goals? To make a successful living as an actor and to inspire people with my writing.	

PART 1C - PERSONAL CHARACTERISTICS

Math Skill Ability: Pretty good. Didn't have the interest like my brother. But I'm very positive in that anything can be done with practice and determination	
Mechanical Ability: Novice. I can fix my Nissan for the most part.	
Athletic Ability: VERY good. I was on the highschool swimming, and tennis team. I workout now 5-6 days a week.	
Musical Ability: IN College I sang in 2 bands. IN Highschool I was in choir for 2 years and sang Bass and Baritone.	
Foreign Language Ability: I took 3 years of Japanese in Highschool.	
Artistic Ability: Very Artistic. Have been in more than 30 plays. Have done some TV & film. I love to read and write poetry. Always looking at the beauty in life.	
Special hobbies, talents and interests: I like to play chess a lot. I like to read Bukowski and W. Somerset Maugham, my favorite Authors.	
Favorite Sport: Tennis & Football	Favorite Food: Italian
Favorite Color: Blue	Favorite Pet: Tough one, A tie Between Cats & Dogs.
Favorite Movie: Lost in Translation	Favorite Book or Author: The Razor's Edge
Favorite Music and/or Group(s): Trance/techno, Rock, & Classical.	

Where would you like to travel and why? **Amsterdam - Because that place has so many museums, you can walk everywhere and see the pictures I've seen of the mountains, and landscapes are absolutely beautiful, and it's within travelling distance to all the other countries.**

Interviewer Comments: Chin cleft f

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PART 1C – PERSONAL CHARACTERISTICS Cont'd

How would you describe your personality? Goofballish, serious, sensitive, and very witty.

Do you consider yourself to be more: 1. Analytical/Rational or Intuitive (Feeling) 2. Extrovert or Introvert (Extrovert)

Why do you want to be a donor? To give a great family the opportunity of having a child. For that child to grow up in a wonderful environment. Children are the meaning of life.

Who do you most admire and why? My mother. She's a very strong and courageous person under any circumstance. At the same time she is very young, sweet, kind & empathetic. I like to think I have many of her qualities. I wouldn't be who I am today without that wonderful woman.

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

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: _____

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

DONORS FATHER Yr of Birth: 1944 ^{donor extends} Place of Birth: Texas Eye Color: Brown Hair Color: Brown

Describe Hair: Balding Thin Average Thick Curly Wavy Straight Height: 5'9 Weight: 165

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: Accountant Education: Bachelors in Accounting

Special skills or characteristics: VERY FUNNY SENSE OF HUMOR. VERY SMART, WELL EDUCATED.

List any past or present significant health problems: NONE

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

DONOR'S MOTHER Yr of Birth: 1952 ^{donor extends} Place of Birth: Illinois Eye Color: Blue Hair Color: Brown

Describe Hair: Balding Thin Average Thick Curly Wavy Straight Height: 5'1 Weight: 160

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: Tech manuals Supervisor Education: Associates Degree

Special skills or characteristics: A FUNNY, KIND LADY. VERY STRONG PERSON. TALENTED IN WRITING.

List any past or present significant health problems: NONE

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

Interviewer Comments: _____

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DONOR'S SIBLING <input checked="" type="radio"/> M <input type="radio"/> F	Half-Sibling <input type="checkbox"/>	Yr of Birth: <u>May 1984</u>	Eye Color: <u>Brown</u>	Hair Color: <u>Brown</u>
Describe Hair: Balding Thin <u>Average</u> Thick <u>Curly</u> Wavy Straight		Height: <u>5'9</u>	Weight: <u>Around 170</u>	
Complexion: Fair <u>Medium</u> Olive Light/Brown Medium/Brown Dark/Brown				
Bone Structure: Small <u>Medium</u> Large Very Large		Vision: Excellent <u>Good</u> Fair Poor		
Occupation: <u>Optics Engineer</u>		Education: <u>Master's Degree in Optics Engineering from the University of Arizona</u>		
Special skills or characteristics: <u>WORKS FOR Raytheon; VERY smart and skilled in Math and Science</u>				
List any past or present significant health problems: <u>NONE</u>				
Is (s)he more (circle one in each column): <input checked="" type="radio"/> Optimistic <input type="radio"/> Pessimistic <input checked="" type="radio"/> Assertive/Passive <input checked="" type="radio"/> Leader/Follower <input checked="" type="radio"/> Easy Going <input type="radio"/> Controlling				

DONOR'S SIBLING <input type="radio"/> M <input checked="" type="radio"/> F	Half-Sibling <input type="checkbox"/>	Yr of Birth: <u>March 1982</u>	Eye Color: <u>Blue</u>	Hair Color: <u>Blondish/Light Brown</u>
Describe Hair: Balding Thin Average <u>Thick</u> <u>Curly</u> Wavy <u>Straight</u>		Height: <u>5'5</u>	Weight: <u>125</u>	
Complexion: Fair Medium Olive <u>Light/Brown</u> Medium/Brown Dark/Brown Freckles: Yes <input type="radio"/> No <input checked="" type="radio"/>				
Bone Structure: Small <u>Medium</u> Large Very Large		Vision: Excellent <u>Good</u> Fair Poor		
Occupation: <u>Public Relations for upscale Hotel in Arizona</u>		Education: <u>Bachelors in Journalism</u>		
Special skills or characteristics: <u>VERY SKILLED in English & Writing</u>				
List any past or present significant health problems: <u>NONE</u>				
Is (s)he more (circle one in each column): <input type="radio"/> Optimistic <input checked="" type="radio"/> Pessimistic <input checked="" type="radio"/> Assertive/Passive <input checked="" type="radio"/> Leader/Follower <input checked="" type="radio"/> Easy Going <input type="radio"/> Controlling				

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>Illinois</u>	<u>N/A</u>	<u>Brown</u>	<u>Brown</u>	<u>G F P</u>	<u>72</u>	<u>Emphysema & Smoking</u>	_____
MGF	<u>Georgia</u>	<u>81</u>	<u>Grey to white with Old hair</u>	<u>Green</u>	<u>G <input checked="" type="radio"/> P</u>	_____	_____	<u>Blood Clots in Leg & Lung. All Better though.</u>
PGM	<u>Texas</u>	<u>N/A</u>	<u>White originally Brown</u>	<u>Brown</u>	<u>G F P</u>	<u>91</u>	<u>Natural Causes of getting old</u>	_____
PGF	<u>Texas</u>	<u>98</u>	<u>Brown</u>	<u>Blue</u>	<u>G <input checked="" type="radio"/> P</u>	_____	_____	<u>sight is going bad.</u>

PART 3 - DONORS PERSONAL MEDICAL HISTORY (Please circle choice)

- What is your general state of health? Excellent Good Fair Poor
- Do you have any current problems with (Check circle all that apply): NONE
 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
- Have you ever been hospitalized? Yes No If yes, please explain:

Interviewer Comments: MGM smoker

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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 either of the above, please provide the following:

Year	Hospital	Type of Problem/Surgery
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Did you mother take DES or any prescription drugs while she was pregnant with you? Yes No

6. Please list any non-prescription medications, including vitamins, you are currently taking and for how long.
Multi-Vitamins - on and off for 6 years

7. Please list any prescription medications you are currently taking and for how long. NONE

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

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

10. Are you: Nearsighted or Farsighted Your vision is: 20/ 15 (I believe)

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: 5-6 Days a week from 2-3 hrs a Day. 50 minute Cardio at the end of my workout

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? If yes, please complete the following information: NO

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

18. Do you smoke? Yes No How long have you smoked? maybe 9 year If yes how many per day? 2 Cigarettes a week

19. Do you drink coffee? Yes No If yes, how many cups per day? _____ How many alcoholic drinks do you consume in a week? _____ Per Month? _____

Have you ever had a major radiation exposure or x-ray exposure, including in your line of work? Yes No

If yes, please explain:

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: NO

	Type	When	How Often	For-How Long
	Toxic Chemicals			
	Drugs			
	Pesticides			
	Fumes/Exhaust/ Gases			
	Flea Powder/Sprays			
	Lead Products			
	Asbestos Products			
	Herbicultural Products			

PART 4 - DONOR AND FAMILY MEDICAL HISTORY

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

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

Are there any known genetic diseases that run in your family? No

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 you or any of your family members.

A	Medical Problem	Sibling					Grandparents				Aunts/Uncles		Cousins		No One	
		You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
1	Cleft Lip, palate															✓
2	Club Feet															✓
3	Extra fingers and toes															✓
4	Down Syndrome															✓
5	Mental Retardation															✓
6	Unexplained infant or childhood deaths															✓
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: _____

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B	Medical Problem	You	Sibling				Grandparents				Aunts/Uncles		Cousins		No One	
			M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
1	Adult Acne (not teen)															✓
2	Eczema															✓
3	Psoriasis															✓
4	Skin Cancer (Melanoma)															✓
5	Skin Cancer (Basal Cell Carcinoma)															✓
6	Other Skin disorders															✓
C	Medical Problem	You	Sibling				Grandparents				Aunts/Uncles		Cousins		No One	
			M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
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															✓
D	Medical Problem	You	Sibling				Grandparents				Aunts/Uncles		Cousins		No One	
			M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
1	Migraines															✓
2	Senility before 50															✓
3	Alzheimer's diseases (age of onset)															✓
4	Parkinson's															✓
5	Multiple sclerosis															✓
6	Cerebral palsy															✓
7	Autism															✓
8	Epilepsy or seizure															✓
9	Stroke															✓
10	Progressive Muscular Disorders															✓

Interviewer Comments: Met cousin age 32 Blind from Type II diabetes - no other diabetes in family (her father's hx is not known) &

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D	Medical Problem	You	Sibling				Grandparents				Aunts/Uncles		Cousins		No One	
			M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
11	Sleep Disorders															✓
12	Attention Deficit Hyperactivity Disorder (ADHD)															✓
13	Hydrocephalus (Fluid on the brain)															✓
14	Disorder of the spinal cord															✓
15	Huntington's disease															✓
16	Degenerative Nerve Disorders															✓
17	Neurofibromatosis															✓
18	Neural tube defect															✓
19	Other diseases of the nervous system															✓
E	Medical Problem	You	Sibling				Grandparents				Aunts/Uncles		Cousins		No One	
			M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
1	Heart defects at birth															✓
2	Heart disease															✓
3	Heart attack (age of onset)															✓
4	High Cholesterol															✓
5	High Blood Pressure															✓
6	Cardiomyopathy															✓
7	Sudden Death															✓
F	Medical Problem	You	Sibling				Grandparents				Aunts/Uncles		Cousins		No One	
			M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
1	Anemia															✓
2	Sickle-Cell anemia															✓
3	Hemophilia or other bleeding problems															✓
4	Polycythemia															✓
5	Blood Clots								✓							✓
6	Other blood disorder															✓
G	Medical Problem	You	Sibling				Grandparents				Aunts/Uncles		Cousins		No One	
			M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
1	Hay Fever															✓
2	Asthma	✓	✓													

Interviewer Comments: Donor has asthma since child hood which has ↓ in adulthood. He exercises regularly w/o problem. Mainly has problems w/ pollen. Use inhaler only if needed. Mother has history of asthma - very mild - no meds of MGF 81 yrs old - had blood clots in leg related to ↓ activity which has resolved &

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Medical Problem		Sibling				Grandparents				Aunts/Uncles		Cousins		No One	
G	Respiratory (Lungs) Cont'd	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M		F
3	Tuberculosis														✓
4	Lung cancer														✓
5	Emphysema or Chronic Lung Disease						✓								
6	Other lung disease														✓
Medical Problem		Sibling				Grandparents				Aunts/Uncles		Cousins		No One	
H	Metabolic, Endocrine, or Autoimmune	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M		F
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		No One	
I	Gastro-Intestinal Problems	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M		F
1	Ulcer or stomach or duodenum														✓
2	Gallstones														✓
3	Other liver disease														✓
4	Colon cancer														✓
5	Intestinal cancer														✓
6	Ulcerative colitis														✓
7	Crohn's disease														✓
8	Any other disease/problem of digestive system														✓
Medical Problem		Sibling				Grandparents				Aunts/Uncles		Cousins		No One	
J	Urinary Problems	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M		F
1	Kidney disease														✓
2	Bladder Cancer														✓
3	Kidney Cancer														✓
4	Other disease of the Urinary tract (urethra, bladder, ureter)														✓
5	Other, including born with one kidney or kidney failure														✓

Interviewer Comments: MGM died age 72 from emphysema related to smoking of Met cousin w/ Type I diabetes - age 32 of

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K	Medical Problem Problems of the Genital or Reproductive System	You	Sibling				Grandparents				Aunts/Uncles		Cousins		No One	
			M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
1	Abnormally placed urethra (Hypospadias)															✓
2	Premature Menopause or Ovarian Failure															✓
3	Fragile X Syndrome															✓
	Multiple Miscarriages															✓
3	Uterine fibroids															✓
4	Ovarian cysts															✓
5	Cancer of cervix, ovaries or uterus															✓
6	Ambiguous genitals (hermaphrodite)															✓
7	Other															✓
M	Medical Problem Cancers	You	Sibling				Grandparents				Aunts/Uncles		Cousins		No One	
			M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
1	Early onset cancer (before age 50)															✓
2	Breast cancer															✓
3	Ovarian Cancer															✓
4	Colon Cancer															✓
5	Lung Cancer															✓
6	Brain Cancer															✓
7	Prostate Cancer															✓
8	Pancreatic Cancer															✓
9	Leukemia															✓
10	Lymphoma															✓
11	Any family member with more than one type of cancer															✓
12	Other cancer (Describe)															✓
L	Medical Problem Mental Health Problems	You	Sibling				Grandparents				Aunts/Uncles		Cousins		No One	
			M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
1	Schizophrenia															✓
2	Manic-depressive illness (Bi-Polar)															✓
3	Other mental health disorder requiring hospitalization															✓
4	Severe depression with period of inability to function															✓

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N	Medical Problem	You	Sibling				Grandparents				Aunts/Uncles		Cousins		No One	
			M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
1	Muscular dystrophy															✓
2	Degenerative Muscle Disorders															✓
3	Lupus															✓
4	Scoliosis															✓
5	Spina bifida															✓
6	Osteoporosis															✓
7	Arthritis (rheumatoid osteo, unknown type)															✓
8	Gout															✓
9	Other muscoskeletal disease															✓
10	Other chronic muscle disease															✓
O	Medical Problem	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	No One	
1	Alcoholism															✓
2	Drug abuse, misuse, or addiction													✓		
3	Tay-Sachs															✓
4	Canavan Disease															✓
5	Cystic Fibrosis															✓
6	Gaucher's disease															✓
7	Familial Dysautonomia															✓
8	Bloom syndrome															✓
9	Fanconi anemia group C															✓
10	Glycogen storage disease type 1a															✓
11	Maple syrup urine disease															✓
12	Mucopolidosis type IV															✓
13	Niemann-Pick disease															✓
14	Huntington's chorea															✓
15	Marfan's disease															✓
16	Gulliam-Barre															✓
17	Wilson's disease															✓
18	Adverse Reaction to Medications															✓
19	Diagnosis of any known genetic syndrome															✓
20	Missing teeth (from birth)															✓
21	Any other condition not previously mentioned															✓

Interviewer Comments: Mat cousin used drugs in past - no use now. f