

DONOR MEDICAL AND SOCIAL HISTORY FORM

DONOR ID #: 9658

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).

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PART 1A – DONOR GENERAL AND PSYCHO-SOCIAL DESCRIPTION

1. Current Age: 25 2. Today's Date: 12/4/13 3. Place of Birth (State or Country only): CA
 4. Mo./Yr of Birth: 10/1988 5. Height: 5'8" 6. Weight: 150 7. Eye Color: black 8. Hair Color: black
 9. Hair (circle that apply): Balding Thin Average Thick Curly Wavy 10. Freckles:
 11. Skin Color: Fair Medium Dark Olive Light Brn Reddish Brn Med Brn Dark
 12. Are you: Right handed
 13. Are you a twin? No Are there twins in your family? No If yes are they:
 14. Family Background: Race: Caucasian Black Asian Latin Middle Eastern Other
 15. Mother's Ethnicity: 1. Chinese 2. 3. 4.
 16. Father's Ethnicity: 1. Chinese 2. 3. 4.
 17. Circle any group from which you descend: N/A
 If Jewish, please circle one of the following: N/A

PART 1B – EDUCATION AND CAREER

1. Occupation: currently a student 2nd Occupation:
 2. What was your high school GPA? 3.7 3. Are you currently in college? yes
 College/University GPA: 3.3 Degree: Kinesiology Exercise Science B.S. Major: Kinesiology
 Post Graduate GPA: Degree: Major:
 4. What are your career goals? Becoming an EMT then going to Physician Assisting School

PART 1C – PERSONAL CHARACTERISTICS

1. Math Skill Ability: I enjoy working numbers in different situations (chemistry, mathematics, money...) I have taken up to Calculus in college
 2. Mechanical Ability: I enjoy working with my hands
 3. Athletic Ability: I am more interested in improving health than sports.
 4. Musical Ability: I don't play any instruments but appreciate the skill and creativity. I wish I like to learn in the future
 5. Foreign Language Ability: Some Spanish
 6. Artistic Ability: I can appreciate an artistic ability. It is good to see or do things with different perspectives. It can be refreshing.
 7. Special hobbies, talents and interests: photography, running, skateboarding, hiking, camping, animals science
 8. Favorite Sport: Tennis 9. Favorite Food: All foods
 10. Favorite Color: black/blue 11. Favorite Pet: dog
 12. Favorite Movie: Fern's Bueller's Day Off 13. Favorite Book or Author: Anne Moody, Upton Sinclair
 14. Favorite Music and/or Group(s): I love music. Classic rock, jazz, oldies, experimental
 15. Where would you like to travel and why? Europe or Australia. I would like to see what it's like outside the U.S. I have not traveled outside the states yet.

Interviewer Comments:

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PART 1C - PERSONAL CHARACTERISTICS Cont'd

1. How would you describe your personality? social, active, hardworking,

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 don't plan on having any children in the near future. I'm not financially ready, but for those who are and are now trouble having one I should be able to help if I'm healthy and able to.

4. Who do you most admire and why?

My aunt. She has accomplished many things in her life and is successful. She has finished pharmacy school, med school, and has run many marathons.

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. DONORS FATHER Yr of Birth: 1960 Place of Birth: Los Angeles Eye Color: Black Hair Color: Black

Describe Hair: Balding Thin Average Thick Curly Wavy Straight Height: 5'7" 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: Pharmacist Education: finished graduate school (Master's of Science)
Special skills or characteristics: excellent at working with hands fixing things (cars, household objects)

List any past or present significant health problems: N/A

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

4. DONOR'S MOTHER Yr of Birth: 1959 Place of Birth: Hong Kong Eye Color: black Hair Color: black

Describe Hair: Balding Thin Average Thick Curly Wavy Straight Height: 5'6" Weight: 120

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: Pharmacist Education: finished graduate school (Master's of Science)
Special skills or characteristics: quick thinker, good communication

List any past or present significant health problems: N/A

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 Half-Sibling Yr of Birth: Eye Color: Hair Color:

M F

Describe Hair: Balding Thin Average Thick Curly Wavy Straight Height: Weight:

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: Education:

Special skills or characteristics:

List any past or present significant health problems:

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

6. DONOR'S SIBLING Half-Sibling Yr of Birth: Eye Color: Hair Color:

M F

Describe Hair: Balding Thin Average Thick Curly Wavy Straight Height: Weight:

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: Education:

Special skills or characteristics:

List any past or present significant health problems:

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

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	Hong Kong	81	Black	black	G F P			high cholesterol
MGF	Hong Kong	83	Black	black	G F P			high cholesterol Donor collection
PGM	China		black	black	G F P	93	Natural causes	
PGF	China		black	black	G F P	91	Natural causes/CHF	

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:

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

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: run 5 miles hills 1-2 per week
calisthenics 3-4 throughout week

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 Never

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			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? How many alcoholic drinks do you consume in a week? _____ Per Month? 2

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: 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			
	Herbical 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>2</u>	Cousin-Maternal-Female	<u>1</u>
Sibling-Sister	<u>0</u>	Aunt-Paternal	<u>1</u>	Cousin-Maternal-Male	<u>1</u>
Half-Brother	<u>0</u>	Uncle-Maternal	<u>0</u>	Cousin-Paternal-Female	<u>1</u>
Half-Sister	<u>0</u>	Uncle-Paternal	<u>0</u>	Cousin-Paternal-Male	<u>1</u>

Donor error

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 your or any of your family members.

A	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	Cleft Lip, palate													X	1
2	Club Feet													X	2
3	Extra fingers and toes													X	3
4	Down Syndrome													X	4
5	Mental Retardation													X	5
6	Unexplained infant or childhood deaths													X	6
7	Multiple family members with same trait disease													X	7
8	Individuals much shorter/taller than rest of family													X	8
9	Individuals who look unusual or different													X	9
10	Multiple miscarriages													X	10
11	Stillbirths													X	11
12	Other birth defects (even if correctable)													X	12

Interviewer Comments: _____

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B	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
1	Skin Problems													
	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	You	Sibling		Grandparents			Aunts/Uncles		Cousins		None Known		
			M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A		U	M
1	Sight/Sound/Smell													
1	Deafness before age 60													X
2	Significant hearing loss													X
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

2X passed at 9y/o, complained of hearing problems from age 88 per donor. -bz

7X

D	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
1	Mental or Neurological													
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

Interviewer Comments: C (#7) Donor reports PGM when passed at 8y/o 93y/o began losing her vision at 83y/o but never went completely blind. -bz

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D	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
	Mental or Neurological Cont'd													
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	Sibling		Grandparents				Aunts/Uncles		Cousins		None Known	
			M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U		M
	Heart Problems or Circulatory													
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

4 X

5 X Passed @ 91y/o from CHD, elevated blood pressure with kidney failure dx @ 86y/o. - H3

F	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
	Blood Problems													
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	Sibling		Grandparents				Aunts/Uncles		Cousins		None Known	
			M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U		M
	Respiratory (Lungs)													
1	Hay Fever													X
2	Asthma													X

Interviewer Comments: E (#4) - MGM has elevated cholesterol, lining at 81y/o. On prescription medication. - H3

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	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
G	Respiratory (Lungs) Cont'd														
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		None Known	
		You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M		F
H	Metabolic, Endocrine, or Autoimmune														
1	Type I Diabetes (Insulin Dependent, Juvenile Onset)														X
2	Type II Diabetes (Adult Onset)														X
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		None Known	
		You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M		F
I	Gastro-intestinal Problems														
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		None Known	
		You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M		F
J	Urinary Problems														
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														

X see page 8. Passed at 96/10 from C.H.A. (congestive heart failure). -lb3

Interviewer Comments: J(#1) - Dialysis started at 86x/0 per donor report. -lb3

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K	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	
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													

erson lb per dmn correction. -lb

M	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	
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)													X

L	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	
1	Schizophrenia													
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: _____

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N	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	Problems of the Muscle, Bones, or Joints														
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			X					X
8	Gout														X
9	Other musculoskeletal disease														X
10	Other chronic muscle disease														X

*81%
living*

O	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	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: N (#7) Dona reports M GM and P GM (deceased at 93y/o) rep complained of "joint pain" in their later years of life. -lb