DONOR MEDICAL AND SOCIAL HISTORY FORM

DONOR ID #: 2177

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: 33	2. Today's Date: 5-10-12	3. Place of Birth (State or Country only): Oregon		
4. Mo./Yr of Birth: 10/1978	5. Height: 6'1"	6. Weight: 235	7. Eye Color: Brown	8. Hair Color: Brown

9. Hair (circle that apply): Balding Thin Average (Thick) Curly (Wavy) Straight

10. Freckles: (None) Few Numerous

11. Skin Color; Fair (Fair) Medium Dark Olive Light Brn Reddish Brn Med. Brn Dark Brn

12. Are you: Left Handed Right Handed X Ambidextrous

13. Are you a twin? Yes (No) Are there twins in your family? Yes (No) If yes are they: Identical Fraternal

14. Family Background: Race: (X) Caucasian ☐ Black ☐ Asian ☐ Latin ☐ Middle Eastern ☐ Other

15. Mother's Ethnicity: 1. German 2. Swiss 3. 4.

16. Father's Ethnicity: 1. German 2. Hungarian 3. 4.

17. Circle any group from which you descend: African Jewish Mediterranean Irish American Middle Eastern Cajun French/Canadian

If Jewish, please circle one of the following: Asian Ashkenzai Sephardic

PART 1B – EDUCATION AND CAREER

1. Occupation: Student (Med school)	2nd Occupation:	
2. What was your high school GPA? 3.5	3. Are you currently in college? (Yes) No	
College/University GPA: 3.7	Degree: B.S.	Major: Biology / Chemistry
Post Graduate GPA: ≈3.5	Degree: Doctor of Osteopathic Medicine	Major: D.O.

4. What are your career goals? Trauma Surgeon

PART 1C – PERSONAL CHARACTERISTICS

1. Math Skill Ability: High	
2. Mechanical Ability: Moderate	
3. Athletic Ability: High	
4. Musical Ability: Low	
5. Foreign Language Ability: Low	
6. Artistic Ability: High	
7. Special hobbies, talents and interests: Writing, Gardening, cooking, computer programming, basketball running	
8. Favorite Sport: Basketball/Skateboarding	9. Favorite Food: Sushi
10. Favorite Color: Blue	11. Favorite Pet: Dog
12. Favorite Movie: Princess Bride	13. Favorite Book or Author: David Foster Wallace
14. Favorite Music and/or Group(s): Yo La Tengo, Pixies, My Bloody Valentine	

15. Where would you like to travel and why?
Russia. Intriguing culture/History. I am also friends w/ many Russians who live in the US.

Interviewer Comments: _____

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PART 1C – PERSONAL CHARACTERISTICS Cont'd

1. How would you describe your personality? Thoughtful, Analytical, Good-natured

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?
1. Compensation
2. I believe I have a good genotypic composition & that the inherent qualities make for a good option for the potential recipients.

4. Who do you most admire and why? An Uncle of mine (by marriage). He gave up a lucrative career in nuclear physics to become a missionary in Papua New Guinea, because he felt it was the right thing to do. He sacrificed material gains to help people. This has been an inspiration to me, something I hope to remember when I am a practicing physician.

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? 2000 _____

3. DONORS FATHER	Yr of Birth: 1955	Place of Birth: Oregon	Eye Color: Brown	Hair Color: Brown

Describe Hair: (Balding) Thin Average Thick Curly Wavy Straight — Height: 5'8" — Weight: 380

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: FEMA consultant — Education: B.S.

Special skills or characteristics: Teacher/Leader in his church for decades

List any past or present significant health problems: HTN, obesity

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

4. DONOR'S MOTHER	Yr of Birth: 1958	Place of Birth: California	Eye Color: Brown	Hair Color: Brown

Describe Hair: Balding Thin (Average) Thick Curly Wavy Straight — Height: 5'3" — Weight: 200

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: Writer — Education: Associates Degree

Special skills or characteristics: Published writer, led the "youth group" in her church for 20 years

List any past or present significant health problems: Overweight

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

LF Interviewer Comments: F - on meds for hypertension. overweight - per DONOR, inActive + poor diet.

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5.DONOR'S SIBLING M (F)	Half- Sibling ☐	Yr of Birth: 1981	Eye Color: Brown	Hair Color: Brown

Describe Hair: Balding Thin Average (Thick) Curly (Wavy) Straight	Height: 5'7"	Weight: 150
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: CNA	Education: Associates Degree	
Special skills or characteristics:		
List any past or present significant health problems: Depression, irregular menses		
Is (s)he more (circle one in each column): Optimistic/Pessimistic	Assertive/Passive	Leader/Follower	Easy Going/Controlling

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

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	West Virginia	Yes / 85	Blond	Brown	G (F) P			Parkinsons
MGF	Oregon	Yes / 78	Brown	Brown	(G) F P			Recent mild stroke
PGM	Ohio	NO	Brown	Brown	G (F) P	Yes / 85	Acute MI	2 MIs (last one fatal)
PGF	Canada/ Alberta	NO	Brown	Blue	(G) F P	Yes / 94	Old-age (heart related)	Dementia

Switch these

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:

LF SISTER - PER DONOR HAD SITUATIONAL DEPRESSION IN EARLY 20'S, NO MEDS. NO RECURRENCE.

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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
'08	Kaiser / Denver	Shoulder stabilization due to trauma

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/ 15 ☐ 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: X 4 or more times per week 1-3 times per week Never/almost never

14. Describe your exercise routine: ≈ 20 miles jogging/week. ½ marathon training.

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	Rare	7/2011	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? 2 cups/day How many alcoholic drinks do you consume in a week? .5 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:

During 1st year of med school, my usual exercise routine was very sparse *

Interviewer Comments: REV DONOR, EXERCISE ↓ WEIGHT ↑ 1ST YR. OF MED SCHOOL. CURRENTLY TRAINING FOR ½ MARATHON, GETTING BACK IN SHAPE.

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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				
Herbicidal Products				

PART 4 – DONOR AND FAMILY MEDICAL HISTORY

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

Sibling-Brother	–	Aunt-Maternal	1	Cousin-Maternal-Female	1
Sibling-Sister	1	Aunt-Paternal	4	Cousin-Maternal-Male	1
Half-Brother	–	Uncle-Maternal	1	Cousin-Paternal-Female	5
Half-Sister	–	Uncle-Paternal	2	Cousin-Paternal-Male	5

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.

	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
A	**Birth Defects**	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
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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	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
B	**Skin Problems**	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
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
	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
C	**Sight/Sound/Smell**	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
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 80's						
10	Anosmia (Lack of Smell)														X
11	Other sight/sound/smell disorders														X
	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
D	**Mental or Neurological**	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
1	Migraines														X
2	Senility before 50														X
3	Alzheimer's diseases (age of onset)														X
4	Parkinson's						X 85								
5	Multiple sclerosis														X
6	Cerebral palsy														X
7	Autism/Mental Retardation														X
8	Epilepsy or seizure					X									
9	Stroke							X 78							
10	Progressive Muscular Disorders														X

Interviewer Comments: LF

D8) DONOR REPORTS SISTER HAD 1 EPISODE FEBRILE SEIZURE AS INFANT,
MGF CVA @ age 78
PGM Glaucoma 80's

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	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
D	**Mental or Neurological Cont'd**	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
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
	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
E	**Heart Problems or Circulatory**	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
1	Heart defects at birth														X
2	Heart disease									X					
3	Heart attack (age of onset)									79, 85					
4	High Cholesterol														X
5	High Blood Pressure			X											
6	Cardiomyopathy														X
7	Sudden Death														X
	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
F	**Blood Problems**	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
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
	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
G	**Respiratory (Lungs)**	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
1	Hay Fever														X
2	Asthma														X

1F

Interviewer Comments: F - HYPERTENSION, ON MEDS. INACTIVE, POOR DIET.
PGF - FATAL HEART ATTACK AGE 85.

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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														
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
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														✓
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

VF Interviewer Comments: PATERNAL AUNT - COLON CA DX 58 YO, NON GB.
PATERNAL COUSIN - GLUTEN SENSITIVITY, POSS. CELIAC DISEASE

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	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
K	**Problems of the Genital or Reproductive System**	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
1	Abnormally placed urethra (Hypospadius)														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

	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
M	**Cancers**	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
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

	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
L	**Mental Health Problems**	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
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: LF PATERNAL AUNT - BREAST CA DX 30 YO, NOW 70 YO NO RECURRENCE.

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	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
N	**Problems of the Muscle, Bones, or Joints**	You	M	F	M	F	Maternal GM	Materna GF	Paterna GM	Paterna GF	A	U	M	F	None Known
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
	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
O	**Other Disorders**	You	M	F	M	F	Maternal GM	Materna GF	Paterna GM	Paterna GF	A	U	M	F	None Known
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	Mucolipidosis 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: _____