DONOR MEDICAL AND SOCIAL HISTORY FORM

DONOR ID #: 2177

coming a sperm donor. The following three-part que

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

Interviewer Comments:

Donor ID#

Page 2 of 12

. Current Age: 33	2. Today's Da	te: 5-10-17	3. Place of B		or Country only):		gon		
. Mo./Yr of Birth:	5. Height: 6	6. Weigh	tt 235	7. Eye C	olor: Brown	8. Hair	Color: B	rown	
. Hair (circle that apply): E	Balding Thin	Average Mich	Curiy Way	Straight	10. Freckles: Numerous	(O)	Few		
1. Skin Color; air	Medium	Dark (Dlive Light	Brn	Reddish Brn	Med.	Brn	Dark	
2. Are you:	Left Handed		Right Handed /	ζ .	Ambidextrou	ıs			
3. Are you a twin? Yes raternal	No Ar	e there twins in y	our family? Ye	s ©	If yes are	e they:	dentical		
4. Family Background:	Race: OS Cau	casian 🔲 B	ack	an 🔲	Latin	dle Easte	m 🔲	Other	
5. Mother's Ethnicity: 1.	Serman	2.5 w	i 55	3.	***************************************	4.			
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7. Circle any group from w	hich you descen		Mediterranean Irish Americ			ench/Ca	nadian		
f Jewish, please circle one	of the following:	Asian	A	shkenzai		Sephardi	¢ :	·	
PART 1B - EDUCATI	ON AND CAI	REER							
. Occupation: Studen	rt (Meds	chool)	2nd Occupa	tion:			#221500000000000000000000000000000000000	Talignamic (1998)	
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College/University GPA:	3.7	Degree: 8.	5.		Major: Bio	logy	/Cha	mistr)	y
Post Graduate GPA: ≈3 .	5	Degree: Doc	lor of Osta	spedhi c	Major: D.C				
. What are your career goa	115? Traum	la Surge	on Me	dicine				VII.	
PART 1C - PERSON	AL CHARAC	TERISTICS							
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3. Favorite Sport: 📆 😘	tball/Sko	teboarding	9. Favorite F	ood: 5v	shi				MUNIT
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12. Favorite Movie: Priv	ncess Brid	de :	13. Favorite	Book or Au	thor: David	Foste	r Wal	lace	
3 7 11			_					1	

PART 1C - PERSONAL CHARACTERISTICS Cont'd

1. How would you describe your personality? Thoughtful, Analytical, Cood-rectured

Donor ID#_

. Do you consider yourself to be more:	Analytical/Rational or Intu	itive/Feeling	Extrove	rt or latrovert
. Why do you want to be a donor?				
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2.1 believe I haveogood option	enotypic compositi	on a that the	le inneren	ir qualities
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Who do you most admire and why? 🔥	unde of mine (by marriage).	He nave	up a locratim
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us been an inspiration to m	odo the sactitud	material gain	glan et a L monum	od a oraction
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ART 2 - DONOR'S FAMILY INFO	ORMATION (Please Circ	le choices and/o	r complete)
Do you have any children? Yes (No If Yes, please complete	e the following below:		
ge: Sex: Health Probl	ems:			
ge: Sex: Health Probl	ems:			
ge: Sex: Health Probl	ems:			
Have you been responsible for any other	pregnancies? 🕎 N If yes, w	hat year(s) did they o	cur? 200 0	<u> </u>
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DONORS FATHER Yr of Birth:	1		wry "all C	nword
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Describe Hair: Balding Thin Average (filex Curly Man) Straight Height: 6' 7' Weight: 150 Complexion: Fair Medium Olive Light/Brown Medium/Brown Dark/Brown Freckles: Yes No Bone Structure: Small Medium Large Very Large Vision: Eccilignt Good Fair Poor Occupation: A Education: Associates Pegace Special skills or characteristics: List any past or present significant health problems: Deprecation, iffequilar menals is (s)he more (circle one in each column): Optimistic/Pessimistic Assertive/Pess) Leader/Follower Edgy Joing/Controllin 6.DONOR'S SIBLING Haif' 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 Yery Large Vision: Excellent Good Fair Poor Occupation: 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/Controllin 7. GRANDPARENTS (Please circle only one for appropriate columns) Place of Birth Living/Age Hair Eye Health Is: Deceased/Age Cause of Death Problems: Is (s)he more (circle one in each column): Optimistic/Pessimistic Assertive/Passive Leader/Follower Easy Going/Controllin Problems: MGM Next 7's 85 Blook Brown GP FP Fatikinson's Hair List any Health Problems: MGF Oregon Yes 48 Brown Blove GP Yes/85 Acate N I Z NT's (Pessimistic Albertia) PGF Canadac No Brown Blove GP Yes/914 Old-care (Domantia Albertia) Decention Reserved Fine No Color		IOR'S SIBLING	Half- Sibling □	9 Yr of	Birth:	81	Eye Col	or: さめ へ	Hair C	Color:	n
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PGF Canada/ NO Brown Blue G) FP /25/2, Old-age C Domentia		onio	1/20	Brown	Brown	G (F)P	105/8	5 Acut	e N I	2 n	T. C
	PGM		NO NO	Brown	Blue	(G)FP	105/0	4 019-	age (Done	ntia
	PGF						(Please ci				
1. What is your general state of health? Excellent Good Fair Poor	PGF	Alberta 3 – Donor:	S PERSON	IAL MEI	DICAL H	HSTORY		rcle 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):	PGF PART 1. Wha	Alberta 3 - DONOR:	S PERSON	IAL MEI	DICAL H	HISTORY	Good	rcle choice Fair) Poor		
	PGF PART 1. Wha 2. Do y Skin	3 - DONOR:	S PERSON state of health	IAL ME	DICAL H	HISTORY Int wing?	Good MNo	rcle choice Fair yes	Poor (circle all	that apply):	tem

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			Shoulder		
5. Do you have any	allergies to drug	gs, food, or environment, su	ich as hay fever?	? ☐ Yes	No ☐ Unsure
6. Are you taking an taking and for how lo		ion medications, including v	itamins? 🔲 I	No XYes	Please list any you are c
7. Are you taking an	y prescription n	nedications? No	∐Yes Pleas	e list any you are cu	urrently taking and for how
8. Do you use any p	erformance ent	nancing drugs, including ste	roids? ∐Yes	No If so,	please list:
9. Do you wear glass	ses?	□ Yes 🗘 No	How is your	r vision w/o glasses	? Excellent Good Fa
10. Are you:	☐ Nearsight	ed or Farsighted	You	ur vision is: 20/_ \5	Unsure
11 Do you have on	/ hearing proble	ems? 🗆 Yes 🕱 No 📗	f yes, please exp	olain:	and the second s
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12. What is the cond 13. Do you exercise: 14. Describe your exercise: 15. Have you ever h 16. Do you take hot 17. Do you use any Marijuana Psychiatric Meds Cocaine Narcotic Pain	ercise routine: ad a serious or baths, hot tubs of the following	or more times per week 20 miles jegs prolonged illness? Yes , saunas or steam baths? Yes No If yes Yes Last Time Used	1-3 i No Daily S, please complete Hallucinogen Anti-depress Tranquilizers	times per week //2 ym If yes, please explain Weekly te the following Info Frequence sants	Never/almost ne
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1 .	
	2177
Donor ID#	6111
t, work or hobbies:	Yes No

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 FA	MILY MEDICAL HISTORY		
Please indicate how many of each	of the following relatives you have:		
Sibling-Brother	Aunt-Maternal	Cousin-Maternal-Female	
Sibling-Sister	Aunt-Paternal	Cousin-Maternal-Male	
Half-Brother	Uncle-Maternal	Cousin-Paternal-Female	5
Half-Sister	Uncle-Paternal2	Cousin-Paternal-Male	5
Are there any known genetic diseas	es that run in your family? 🔲 Yes 🛮 🗶 Nor	ne 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				Si	bling		Grand	parents	444 St 62	Aunts	/Uncles	Cou	ısins	
Birth Defects	You	М	F	М	F	Maternal GM	Matemal GF	Paternal GM	Patemal GF	Α	Ū	М	F	None Known
Cleft Lip, palate														4
Club Feet			-											く
Extra fingers and toes		1												X
Down Syndrome														X
Mental Retardation														X
Unexplained infant or childhood deaths														X
Multiple family members with same trait disease														X
Individuals much shorter/taller than rest of family			/ -				METROLITA LEPTO ALLA LEPTO		POLICE TO STATE OF THE STATE OF					X
individuals who look unusual or different														×
Multiple miscarriages														X
Stillbirths														4
Other birth defects (even if correctable)														ャ
	Cleft Lip, palate Club Feet Extra fingers and toes Down Syndrome Mental Retardation Unexplained infant or childhood deaths Multiple family members with same trait disease Individuals much shorter/taller than rest of family Individuals who look unusual or different Multiple miscarriages Stillbirths Other birth defects (even if	Cleft Lip, palate Club Feet Extra fingers and toes Down Syndrome Mental Retardation Unexplained infant or childhood deaths Multiple family members with same trait disease Individuals much shorter/taller than rest of family Individuals who look unusual or different Multiple miscarriages Stillbirths Other birth defects (even if	Birth Defects You M. Cleft Lip, palate Club Feet Extra fingers and toes Down Syndrome Mental Retardation Unexplained infant or childhood deaths Multiple family members with same trait disease Individuals much shorter/taller than rest of family Individuals who look unusual or different Multiple miscarriages Stillbirths Other birth defects (even if	Cleft Lip, palate Club Feet Extra fingers and toes Down Syndrome Mental Retardation Unexplained infant or childhood deaths Multiple family members with same trait disease Individuals much shorter/taller than rest of family Individuals who look unusual or different Multiple miscarriages Stillbirths Other birth defects (even if	Birth Defects You M F M Cleft Lip, palate Club Feet Extra fingers and toes Down Syndrome Mental Retardation Unexplained infant or childhood deaths Multiple family members with same trait disease Individuals much shorter/taller than rest of family Individuals who look unusual or different Multiple miscarriages Stillbirths Other birth defects (even if	Birth Defects You M F M F Cleft Lip, palate Club Feet Extra fingers and toes Down Syndrome Mental Retardation Unexplained infant or childhood deaths Multiple family members with same trait disease Individuals much shorter/taller than rest of family Individuals who look unusual or different Multiple miscarriages Stillbirths Other birth defects (even if	Birth Defects You M F M E Maternal GM Cleft Lip, palate Club Feet Extra fingers and toes Down Syndrome Mental Retardation Unexplained infant or childhood deaths Multiple family members with same trait disease Individuals much shorter/taller than rest of family Individuals who look unusual or different Multiple miscarriages Stillbirths Other birth defects (even if	Birth Defects You M F M F Maternal GM GF Cleft Lip, palate Club Feet Extra fingers and toes Down Syndrome Mental Retardation Unexplained infant or childhood deaths Multiple family members with same trait disease Individuals much shorter/taller than rest of family Individuals who look unusual or different Multiple miscarriages Stillbirths Other birth defects (even if	Birth Defects You M F M F M F M Automai GM GF Automai GM GF GM GM GM GF GM	Birth Defects You M F M F MAISTRIP GM GF Patemal GM GF GM GF Cleft Lip, palate Club Feet Extra fingers and toes Down Syndrome Mental Retardation Unexplained infant or childhood deaths Multiple family members with same trait disease Individuals much shorter/taller than rest of family Individuals who look unusual or different Multiple miscarriages Stillbirths Other birth defects (even if	Birth Defects You M F M F Maternal GM GF GM GF Cleft Lip, palate Club Feet Extra fingers and toes Down Syndrome Mental Retardation Unexplained infant or childhood deaths Multiple family members with same trait disease Individuals much shorter/taller than rest of family Individuals who look unusual or different Multiple miscarriages Stillbirths Other birth defects (even if	Birth Defects You M F M F Maternal GM GF GM GF A U Cleft Lip, palate Club Feet Extra fingers and toes Down Syndrome Mental Retardation Unexplained infant or childhood deaths Multiple family members with same trait disease Individuals much shorter/Italier than rest of family Individuals who look unusual or different Multiple miscarriages Stillbirths Other birth defects (even if	Birth Defects You M F M F M F Maternal GM GF Paternal Paternal A U M Cleft Lip, palate Club Feet Extra fingers and toes Down Syndrome Mental Retardation Unexplained infant or childhood deaths Multiple family members with same trait disease Individuals much shorter/taller than rest of family Individuals who look unusual or different Multiple miscarriages Stillbirths Other birth defects (even if	Birth Defects You M F M F Maternal GM GF GM GF GM GF Cleft Lip, palate Club Feet Extra fingers and toes Down Syndrome Mental Retardation Unexplained infant or childhood deaths Multiple family members with same trait disease Individuals much shorter/taller than rest of family Individuals who look unusual or different Multiple miscarriages Stillbirths Other birth defects (even if

Interviewer Comments:		 ·	

Donor ID# 8177

										D	onor	ID#	\mathcal{O}	$\perp \perp$	
100	Medical Problem	g in d	100.4	1000	Si	bling			parents	457 (611)	Aunts	Uncles	Cou	ısins	
8	Skin Problems	You	М	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	u	M	F	None Known
1	Adult Acne (not teen pimples)														Y
2	Eczema							·	-						X
3	Psoriasis														X
4	Skin Cancer (Melanoma)									The state of the s					X
5	Skin Cancer (Basal Cell Carcinoma)						THE PROPERTY OF THE PROPERTY O			And the second s					X
6	Other Skin disorders									-				1,000	Х
	Medical Problem				Si	bling		Grand	parents		Aunts	Uncles	Cou	isins	
C	Sight/Sound/Smell	You	M	F	М	F	Maternal GM	Matemal GF	Paternal GM	Paternal GF	A	u	M	F	None Known
1	Deafness before age 60												ļ		X,
2	Significant hearing loss			<u> </u>								ļļ		ļ	X
3	Deformity of the ear									The second secon		ļļ.			X
4	Strabismus											<u></u>			
5	Cataracts before age 60														_X_
6	Macular Degeneration			anno managamento de la compansa de l											Χ
7	Blindness														Χ
8	Color Blindness														X
9	Glaucoma								× 800	5					
10	Anosmia (Lack of Smell)			-											X
11	Other sight/sound/smell disorders								and a shadded A A A A A A A A A A A A A A A A A A	-					X
	Medical Problem				Si	bling		Grand	parents		Aunts	Uncles	Cot	sins	
D	Mental or Neurological	You	М	F	М	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	Α	U	M	F	None Known
1	Migraines														X
2	Senility before 50														ン
3	Alzheimer's diseases (age of onset)				AND THE PERSON NAMED IN COLUMN TWO										X
4	Parkinson's			- Commence of the Commence of			X 85						<u> </u>		
5	Multiple sclerosis			ALLE STREET											メ
6	Cerebral palsy			A CONTRACTOR OF THE PARTY OF TH											メ
7	Autism/Mental Retardation														ン
8	Epilepsy or seizure					×									
9	Stroke		†		1			× 18		1					
10	Progressive Muscular Disorders														×

Interviewer Comments:	
IF DB) TONOR PEPOPTS SISTER HAD 1 EPISO	DE FEBRILE SEIZUPE AS INFANT
MGF CUA @ age 78	

PGM Glancoma 805

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Donor ID# 8177

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	Medical Problem			1000	Si	bling	(0) (0) (0)	Grand	parents	0.00	Aunts	Uncles	Cou	ısins	100
D	Mental or Neurological Confd	You	М	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	ů	М		None Known
11	Learning Difficulties/ Special Ed/Speech Delay		administration by the comment												X
12	Sleep Disorders														X
13	Attention Deficit Hyperactivity Disorder (ADHD)			-							The state of the s			AND MARKET PROPERTY AND PROPERTY AND PROPERTY.	×
14	Hydrocephalus (Fluid on the brain)													A COLUMN LAND COMPANY	X
15	Disorder of the spinal cord										·				X
16	Huntington's disease				*										Ϋ́
17	Degenerative Nerve Disorders				The second secon										X
18	Neurofibromatosis									 					X
19	Neural tube defect														X
20	Other diseases of the nervous system														Χ
19.8	Medical Problem				Si	bling	134-101-11		parents	98 100 120	Aunts	Uncles	Cou	ısins	
E	Heart Problems or Circulatory	You	М	F	M	F	Maternal GM	Matemat GF	Paternal GM	Patemal GF	Α	ų	М	F	None Known
1	Heart defects at birth				<u> </u>										X
2	Heart disease									×					
3	Heart attack (age of onset)									19,85					
4	High Cholesterol		A Walantan		Į										×
5	High Blood Pressure		and the second	X											
6	Cardiomyopathy														X
7	Sudden Death														X
	Medical Problem				Sauce Sales	bling			parents		100000000000000000000000000000000000000	Uncles	110000000000000	ısins	
F	Blood Problems	You	М	F	M	F	Maternal GM	Maternal GF	Paternal GM	Patemal GF	Α	Ú	М	F	None Known
1	Anemia			ļi		-							ļ		X
2	Sickle-Cell anemia			ļ		ļ							ļ		X
3	Hemophilia or other bleeding problems				-										X
4	Polycythemia														X
5	Blood Clots														X
6	Other blood disorder			ļ											X
36, 74	Medical Problem		1000			bling	SE 10 10 10 10 10 10 10 10 10 10 10 10 10		parents	l nese i	ļ	Uncles	:	ısins	
G	Respiratory (Lungs)	You	М	F	М	F	Maternal GM	Maternal GF	Patemal GM	Paternal GF	Α	u	M	F	None Known
1	Hay Fever														X
2	Asthma														X

IF Interviewer Comments: F-HYPERTENSION, ON MEDS. INACTIVE, POOR DICT.

POF-FATALHEART ATTACK ROS.

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((()))				reservices.	Island		I Company			U		ID#_ /Uncles	D WORKSHIP TO THE REST		
705 000	Medical Problem			.		oling		Grand Maternal	parents Paternal	Paternal				usins	None
G	Respiratory (Lungs) Cont'd	You	M	F	М	F	Maternal GM	GF	GM	GF	Α	Ų	М	F	Known
3	Tuberculosis														\ \ \
4	Lung cancer														V
5.	Emphysema or Chronic Lung Disease									gada aran iji mada danad da anad dalagad khad dhad dhad dhad bha					X
6	Other lung disease						a tanana a topo a								X
100.00	Medical Problem	100			Sil	oling	9 9 6	****	parents -		Aunts	/Uncles	Cou	sins	
н	Metabolic, Endocrine, or Autoimmune	You	M	F	M	F	Matemal GM	Maternal GF	Paternal GM	Paternal GF	A	u	М	F	None Known
1	Type I Diabetes (Insulin Dependent, Juvenile Onset)	-			mateur de des delle des contrates des delle dell		A PART A RESIDENCE AND THE PROPERTY AND	ANTANAMA MATANAMA MA	in the second se						X
2	Type II Diabetes (Adult Onset)				V 11-44										X
2	Thyroid cancer														X
3	Thyroid disease														X
4	Goiter														X
5	Adrenal dysfunction or disorder														X
6	Other								-						X
	Medical Problem				Sil	oling		Grand	parents		Aunts	/Uncles	Cot	snisı	
l	Gastro-intestinal Problems	You	М	F	М	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	Α		М	F	None Known
1	Ulcer or stomach or duodenum						TO THE PROPERTY OF THE PARTY OF								X
2	Gallstones	-	<u> </u>												V
3	Other liver disease						1								×
4	Colon cancer				1						X				
5	Intestinal cancer	<u> </u>											1		χ
6	Ulcerative colitis												1		X
7	Crohn's disease														X
8	Any other disease/problem of digestive system				ZINKES I	any johann		A SA		und visionemen				X	
	Medical Problem				Sil	oling		Grand	parents		Aunts	/Uncles	Cot	ısins	
J	Urinary Problems	You	М	F	М	F	Maternal GM	Matemal GF	Paternal GM	Paternal GF	Α	Ů	М	F	None Known
1	Kidney disease									-					X
2	Bladder Cancer			I	[1									X
3	Kidney Cancer														X
4	Other disease of the Urinary tract (urethra, bladder, ureter)				i i		A CALLES AND A CAL	and the state of t							X
5	Other, including born with one kidney or kidney failure														X

Donor ID# Aunts/Uncles Medical Problem Sibling Grandparents Cousins Problems of the Genital or Reproductive System Matemal Matemai Paternal Paternal None You M F F U M F M GM GF GM GF Known Abnormally placed urethra (Hypospadius) 1 2 Premature Menopause or Ovarian Failure 3 Fragile X Syndrome Multiple Miscarriages 3 Uterine fibroids Ovarian cysts 4 Cancer of cervix, ovaries or 5 uterus Ambiguous genitals (hermaphrodite) 6 7 Medical Problem Grandparents Aunts/Uncles Sibling Cousins Cancers Maternal Patemal Patema Matemal None М F F М M M GM GF GM GF Known Early onset cancer (before age 50) 1 X Breast cancer X 2 Ovarian Cancer 3 Colon Cancer 4 Lung Cancer 5 Brain Cancer 6 Prostate Cancer 7 Pancreatic Cancer 8 9 Leukemia 10 Lymphoma Any family member with 11 more than one type of cancer 12 Other cancer (Describe) Sibling Medical Problem Grandparents Aunts/Uncles Cousins Matemal Maternal Patemal Paternal **Mental Health Problems** You M F M М None GM GF GM GF Known Schizophrenia 1 2 Manic-depressive illness (Bi-Polar) -3 Other mental health disorder requiring hospitalization Severe depression with

PROPORT NOT - BROWN CA TX 30 YO, NOW 70 YO

period of inability to

function

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Donor ID# Aunts/Uncles Cousins Medical Problem Sibling Grandparents Patema Problems of the Muscle, Bones, or Joints Matemal viatem: Patema None F U М You M F N GM GF GM GF Known Muscular dystrophy 1 Degenerative Muscle Disorders 3 Lupus 4 Scoliosis 5 Spina bifida 6 Osteoporosis Arthritis (rheumatoid osteo, unknown type) 7 Gout Other muscoskeletal disease 9 Other chronic muscle 10 disease Aunts/Uncles Cousins Grandparents Medical Problem Sibling Matemal Visiem ⊃atema Patema None U M F Other Disorders You Α ٥ M F М GF GM GF GM Known 1 Alcoholism Drug abuse, misuse, or addiction 2 3 Tay-Sachs Canavan Disease 4 Cystic Fibrosis 5 6 Gaucher's disease 7 Familial Dysautonomia Bloom syndrome 8 Fanconi anemia group C 9 10 Glycogen storage disease type 1a Maple syrup urine disease 11 Mucolipidosis type IV 12 Niemann-Pick disease 13 Huntington's chorea 14 Marfan's disease 15 Gulliam-Barre 16 Wilson's disease 17 Adverse Reaction to Medications 18 Diagnosis of any known genetic syndrome Missing teeth (from birth) 20 Any other condition not previously mentioned

Interviewer Comments:	<u> </u>	* *	 4.5	
*				
		4,		