
DONOR MEDICAL AND SOCIAL HISTORY FORM

DONOR ID #: 7391

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).

Donor ID# 7391

PART 1A – DONOR GENERAL AND PSYCHO-SOCIAL DESCRIPTION									
1. Current Age: 27		2. Today's Date: 05/8/11		3. Place of Birth (State or Country only): California					
4. Mo./Yr of Birth: 4/84		5. Height: 6'ft	6. Weight: 182 lbs		7. Eye Color: Brown		8. Hair Color: Brown		
9. Hair (circle that apply): Balding Thin <u>Average</u> Thick Curly Wavy Straight							10. Freckles: None <u>Few</u> Numerous		
11. Skin Color; Brn	<u>Fair</u>	Medium	Dark	Olive	Light Brn	Reddish Brn	Med. Brn	Dark	
12. Are you:	Left Handed			<u>Right Handed</u>			Ambidextrous		
13. Are you a twin? Fraternal	Yes	<u>No</u>	Are there twins in your family?		Yes	No	If yes are they: <u>Identical</u>		
14. Family Background: Race:	<input checked="" type="checkbox"/> Caucasian	<input checked="" type="checkbox"/> Black	<input type="checkbox"/> Asian	<input checked="" type="checkbox"/> Latin	<input type="checkbox"/> Middle Eastern	<input checked="" type="checkbox"/> Other			
15. Mother's Ethnicity: 1. European/ <u>Irish</u> 2. Native America 3. (<u>Cherokee + Choctaw</u>) 4.									
16. Father's Ethnicity: 1. European/ <u>Native American</u> 2. 3. <u>Black many generations</u> 4. <u>Latino</u>									
17. Circle any group from which you descend: <u>African</u> Mediterranean Middle Eastern French/Canadian Jewish Irish American Cajun									
If Jewish, please circle one of the following: Asian Ashkenzai Sephardic									
PART 1B – EDUCATION AND CAREER									
1. Occupation: <u>Designer/project manager</u>					2nd Occupation: <u>Artist</u>				
2. What was your high school GPA? 2.7					3. Are you currently in college? Yes <u>No</u>				
College/University GPA: 2.7			Degree: <u>Media Arts & Animation</u>			Major: <u>Bachelors of Science</u>			
Post Graduate GPA:			Degree:			Major:			
4. What are your career goals? <u>To own my own Design Firm</u>									
PART 1C – PERSONAL CHARACTERISTICS									
1. Math Skill Ability: <u>not my strong suit, but completed college math requirements</u>									
2. Mechanical Ability: <u>I'm usually pretty good with my hands</u>									
3. Athletic Ability: <u>I'm good at tennis, but don't really care for other sports</u>									
4. Musical Ability: <u>I don't consider myself musical, but come from many musicians.</u>									
5. Foreign Language Ability: <u>I only speak English</u>									
6. Artistic Ability: <u>exceptional</u>									
7. Special hobbies, talents and interests: <u>Art & Architectural History, as well as Design</u>									
8. Favorite Sport: <u>Tennis</u>					9. Favorite Food: <u>sea food</u>				
10. Favorite Color: <u>Blue</u>					11. Favorite Pet: <u>Childhood Dog named Harry</u>				
12. Favorite Movie: <u>Pay It Forward</u>					13. Favorite Book or Author: <u>F. Scott Fitzgerald</u>				
14. Favorite Music and/or Group(s): <u>Country, Blue Grass, most Popular music</u>									
15. Where would you like to travel and why? <u>I have not traveled very much but hope to do so soon</u>									

Interviewer Comments: _____

Donor ID# 7791

PART 1C - PERSONAL CHARACTERISTICS Cont'd

1. How would you describe your personality? Analytical, Introspective & caring

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'm interested in helping people create families that otherwise would not be able to do so. I'm also planning on starting my own business in the near future and would like to supplement my income during this transition.

4. Who do you most admire and why?
I most admire my grandmother, if not for her I would not have turned out to be the man that I am. She was an amazing woman that always thought outside the box.

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? _____
error - pencil

3. DONOR'S FATHER Yr of Birth: 64 Place of Birth: California Eye Color: ~~Blue~~ Brown Hair Color: Brown

Describe Hair: Balding Thin Average Thick Curly Wavy Straight Height: 5'11" Weight: 175

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: Contractor Education: High School / Trade School

Special skills or characteristics: skilled project manager & Builder & Horse Trainer.

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

4. DONOR'S MOTHER Yr of Birth: 65 Place of Birth: California Eye Color: Brown Hair Color: Brown

Describe Hair: Balding Thin Average Thick Curly Wavy Straight Height: 5'3" 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: Nurse Education: High School / Trade School

Special skills or characteristics: caring

List any past or present significant health problems: none

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 <input checked="" type="radio"/> M <input type="radio"/> F		Half- Sibling <input type="checkbox"/>	Yr of Birth: <u>1985</u>	Eye Color: <u>Brown</u>	Hair Color: <u>Brown</u>			
Describe Hair: <input checked="" type="radio"/> Balding <input type="radio"/> Thin <input type="radio"/> Average <input type="radio"/> Thick <input type="radio"/> Curly <input type="radio"/> Wavy <input type="radio"/> Straight				Height: <u>5'10"</u>	Weight: <u>140 lbs</u>			
Complexion: <input type="radio"/> Fair <input type="radio"/> Medium <input type="radio"/> Olive <input checked="" type="radio"/> Light/Brown		<input type="radio"/> Medium/Brown <input type="radio"/> Dark/Brown		Freckles: <input checked="" type="radio"/> Yes <input type="radio"/> No				
Bone Structure: <input checked="" type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large <input type="radio"/> Very Large			Vision: <input type="radio"/> Excellent <input type="radio"/> Good <input checked="" type="radio"/> Fair <input type="radio"/> Poor					
Occupation: <u>teacher</u>			Education: <u>Bachelors of Arts</u>					
Special skills or characteristics: <u>smart</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/Pessimistic	<input checked="" type="radio"/> Assertive/Passive	<input checked="" type="radio"/> Leader/Follower	<input checked="" type="radio"/> Easy Going/Controlling			
6. DONOR'S SIBLING <input type="radio"/> M <input checked="" type="radio"/> F		Half- Sibling <input checked="" type="checkbox"/>	Yr of Birth: <u>1994</u>	Eye Color: <u>Blue</u>	Hair Color: <u>Blond</u>			
Describe Hair: <input type="radio"/> Balding <input type="radio"/> Thin <input type="radio"/> Average <input checked="" type="radio"/> Thick <input type="radio"/> Curly <input type="radio"/> Wavy <input type="radio"/> Straight				Height: <u>5'8"</u>	Weight: <u>130 lbs</u>			
Complexion: <input checked="" type="radio"/> Fair <input type="radio"/> Medium <input type="radio"/> Olive <input type="radio"/> Light/Brown		<input type="radio"/> Medium/Brown <input type="radio"/> Dark/Brown		Freckles: <input type="radio"/> Yes <input checked="" type="radio"/> No				
Bone Structure: <input type="radio"/> Small <input checked="" type="radio"/> Medium <input type="radio"/> Large <input type="radio"/> Very Large			Vision: <input type="radio"/> Excellent <input checked="" type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor					
Occupation: <u>student</u>			Education: <u>High School</u>					
Special skills or characteristics: <u>athletic</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/Pessimistic	<input checked="" type="radio"/> Assertive/Passive	<input checked="" type="radio"/> Leader/Follower	<input checked="" type="radio"/> 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	<u>Oklahoma</u>	<u>Dead 69</u>	<u>Brown Grey</u>	<u>Brown</u>	<u>G F P N/A</u>	<u>69</u>	<u>Heart Attack</u>	
MGF	<u>California</u>	<u>70</u>	<u>Blonde Grey</u>	<u>Blue</u>	<u>G F P</u>	<u>N/A</u>	<u>N/A</u>	
PGM	<u>Oklahoma</u>	<u>63</u>	<u>Brown Grey</u>	<u>Brown</u>	<u>G F P</u>	<u>N/A</u>	<u>N/A</u>	<u>High Blood pressure</u>
PGF	<u>California</u>	<u>63</u>	<u>Brown</u>	<u>Brown</u>	<u>G F P</u>	<u>N/A</u>	<u>N/A</u>	

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

1. What is your general state of health?	<input checked="" type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor
2. Do you have any current problems with any of the following?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, please explain:	

Interviewer Comments: _____

Pacific Reproductive Services

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 San Francisco, CA 94107
 Tel: (415) 487-2288

65 N. Madison Ave. Suite 610
 Pasadena, CA 91101
 Tel: (626) 432-1681

Email: info@pacrepro.com

ADDITIONAL SIBLINGS Donor ID #: 7391

DONOR'S SIBLING: M F Half-Sibling: Yr of Birth: 1999 Eye Color: HAZEL Hair Color: SANDY BLONDE

Describe Hair: Balding Thin Average Thick Curly Wavy Straight Height: 5'5" Weight: 100

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: MIDDLE SCHOOL STUDENT

Special skills or characteristics: _____

List any past or present significant health problems: none

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

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

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

Interviewer Comments: _____

Donor ID# 7391

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.
Daily multi-vitamins

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 *error please UF*

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: *2-3 times per week 1-1.5 hrs weights/cardio in mornings before work*

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			Hallucinogens		
Psychiatric Meds			Anti-depressants		
Cocaine			Tranquillizers		
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? 2 Per Month? 8

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: _____

Donor ID# 7891

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			
	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>1</u>
Sibling-Sister	<u>0</u>	Aunt-Paternal	<u>1</u>	Cousin-Maternal-Male	<u>0</u>
Half-Brother	<u>0</u>	Uncle-Maternal	<u>2</u>	Cousin-Paternal-Female	<u>0</u>
Half-Sister	<u>2</u>	Uncle-Paternal	<u>1</u>	Cousin-Paternal-Male	<u>3</u>

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 you 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
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: _____

Donor ID# 7391

B	Medical Problem	You	Sibling				Grandparents				Aunts/Uncles		Cousins		
			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
C	Medical Problem	You	Sibling				Grandparents				Aunts/Uncles		Cousins		
			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
10	Anosmia (Lack of Smell)														X
11	Other sight/sound/smell disorders														X
D	Medical Problem	You	Sibling				Grandparents				Aunts/Uncles		Cousins		
			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
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: _____

4 MATERNAL AUNT - SEIZURES RELATED TO LUPUS

Donor ID# 7391

Medical Problem		Sibling			Grandparents				Aunts/Uncles		Cousins		None Known		
D	Mental or Neurological Cont'd	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U		M	F
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		None Known		
E	Heart Problems or Circulatory	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U		M	F
1	Heart defects at birth														X
2	Heart disease														X
3	Heart attack (age of onset)						X	69							X
4	High Cholesterol														X
5	High Blood Pressure								X	63					X
6	Cardiomyopathy														X
7	Sudden Death														X
Medical Problem		Sibling			Grandparents				Aunts/Uncles		Cousins		None Known		
F	Blood Problems	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U		M	F
1	Anemia														X
2	Sickle-Cell anemia														X
3	Hemophilia or other bleeding problems														X
4	Polycythemia														X
5	Blood Clots						X	69							X
6	Other blood disorder														X
Medical Problem		Sibling			Grandparents				Aunts/Uncles		Cousins		None Known		
G	Respiratory (Lungs)	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U		M	F
1	Hay Fever														X
2	Asthma											X		X	X

Interviewer Comments: MGM - HEART ATTACK/BLOOD CLOT DECEASED AGE 69

gm VF

MATERNAL UNCLE + COUSIN - INHABERS AS NEEDED. MILD ASTHMA

Donor reports Paternal high blood pressure controlled w/ medication currently 43/120/80

Donor ID# 7791

	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	
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	
I	Gastro-intestinal Problems																	
1	Ulcer or stomach or duodenum			X													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	
J	Urinary Problems																	
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	

Interviewer Comments:

LF F - ulcers related ulcer, controlled by dietary changes.
GM - donor reports father made changes to reduce acidic food

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K	Medical Problem	You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		None Known	
					M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
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															X
M	Medical Problem	You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		None Known	
					M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
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	You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		None Known	
					M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
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: _____

Donor ID# 7391

N	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	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 musculoskeletal disease														X
10	Other chronic muscle disease														X
O	Medical Problem	You			Sibling		Grandparents				Aunts/Uncles		Cousins		None Known
	Other Disorders	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

LF

Interviewer Comments:

maternal aunt - lupus. diagnosed 14 y.o. now in late 40's
 NO OTHER AUTO IMMUNE DISORDERS IN FAMILY.