
DONOR MEDICAL AND SOCIAL HISTORY FORM

DONOR ID #: 16030

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# ADP

PART 1A – DONOR GENERAL AND PSYCHO-SOCIAL DESCRIPTION			
1. Current Age: <u>32</u>	2. Today's Date: <u>5/18/10</u>	3. Place of Birth (State or Country only): <u>OR</u>	
4. Mo./Yr of Birth: <u>12/77</u>	5. Height: <u>5'8"</u>	6. Weight: <u>180</u>	7. Eye Color: <u>Hazel</u>
8. Hair Color: <u>Blonde</u>			10. Freckles: <u>None</u> Numerous
9. Hair (circle that apply): Balding <input type="checkbox"/> <u>Thin</u> <input type="checkbox"/> <u>Average</u> <input type="checkbox"/> Thick <input type="checkbox"/> Curly <input type="checkbox"/> Wavy <input type="checkbox"/> <u>Straight</u> <input type="checkbox"/>			
11. Skin Color; Brn: <u>Fair</u> <input type="checkbox"/> <u>Medium</u> <input type="checkbox"/> Dark <input type="checkbox"/> Olive <input type="checkbox"/> Light Brn <input type="checkbox"/> Reddish Brn <input type="checkbox"/> Med. Brn <input type="checkbox"/> Dark <input type="checkbox"/>			
12. Are you: Left Handed <input type="checkbox"/> <u>Right Handed</u> <input type="checkbox"/> Ambidextrous <input type="checkbox"/>			
13. Are you a twin? Yes <input type="checkbox"/> <u>No</u> <input type="checkbox"/> Are there twins in your family? Yes <input type="checkbox"/> <u>No</u> <input type="checkbox"/> If yes are they: Identical			
14. Family Background: Race: <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Latin <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other			
15. Mother's Ethnicity: 1. <u>Norwegian</u> 2. 3. 4.			
16. Father's Ethnicity: 1. <u>Norwegian</u> 2. 3. 4.			
17. Circle any group from which you descend: African Jewish <input type="checkbox"/> Mediterranean Irish American <input type="checkbox"/> Middle Eastern Cajun <input type="checkbox"/> French/Canadian <input type="checkbox"/>			
If Jewish, please circle one of the following: Asian <input type="checkbox"/> Ashkenzai <input type="checkbox"/> Sephardic <input type="checkbox"/>			
PART 1B – EDUCATION AND CAREER			
1. Occupation: <u>Construction Management</u> 2nd Occupation:			
2. What was your high school GPA? <u>3.0</u>		3. Are you currently in college? Yes <input type="checkbox"/> <u>No</u> <input type="checkbox"/>	
College/University GPA:	Degree: <u>Zyds AA</u>	Major: <u>Operational Engineering</u>	
Post Graduate GPA:	Degree:	Major: <u>Mechanical Engineering</u>	
4. What are your career goals? <u>To become a well Respected Leader</u>			
PART 1C – PERSONAL CHARACTERISTICS			
1. Math Skill Ability: <u>Good</u>			
2. Mechanical Ability: <u>Good - Above Average</u>			
3. Athletic Ability: <u>Good - Above Average</u>			
4. Musical Ability: <u>Low</u>			
5. Foreign Language Ability: <u>Low</u>			
6. Artistic Ability: <u>Fair</u>			
7. Special hobbies, talents and interests: <u>Climbing, Mountaineering, Hiking, Skiing, Biking</u>			
8. Favorite Sport: <u>All of the Above</u>		9. Favorite Food: <u>Steak</u>	
10. Favorite Color: <u>Green / Orange</u>		11. Favorite Pet: <u>Dog</u>	
12. Favorite Movie: <u>Fearless</u>		13. Favorite Book or Author: <u>Anuv. D. Azel</u>	
14. Favorite Music and/or Group(s): <u>Alternative, Talking Heads</u>			
15. Where would you like to travel and why? <u>Tibet - to see the Himalayas</u>			

Interviewer Comments: _____

Donor ID# 14139

PART 1C – PERSONAL CHARACTERISTICS Cont'd

1. How would you describe your personality? Driven, conscientious

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

3. Why do you want to be a donor?
To help people that want to have a child that are unable to

4. Who do you most admire and why?
My Parents Because they have been a positive influence.

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 If yes, what year(s) did they occur? _____

3. DONOR'S FATHER

Yr of Birth:	<u>1947</u>	Place of Birth:	<u>North Dakota</u>	Eye Color:	<u>Blue</u>	Hair Color:	<u>strawberry blonde</u>	
Describe Hair:	<u>Balding</u>	Thin	Average	Thick	Curly	Wavy	Straight	
Height:	<u>5'11"</u>	Weight:	<u>220</u>					
Complexion:	Fair	<u>Medium</u>	Olive	Light/Brown	Medium/Brown	Dark/Brown	Freckles: <u>Yes</u> No	
Bone Structure:	Small	<u>Medium</u>	Large	Very Large	Vision:	Excellent	<u>Good</u> Fair Poor	
Occupation:	<u>Landscape Business</u>			Education:	<u>some college</u>			
Special skills or characteristics:	<u>Gardening, Exercising, Guitar, Animals, Nature</u>							
List any past or present significant health problems:	<u>None</u>							
Is he more (circle one in each column):	Optimistic	<u>Pessimistic</u>	Assertive/	<u>Passive</u>	Leader/	<u>Follower</u>	Easy Going/	<u>Controlling</u>

4. DONOR'S MOTHER

Yr of Birth:	<u>1949</u>	Place of Birth:	<u>NY</u>	Eye Color:	<u>Hazel</u>	Hair Color:	<u>Brown</u>	
Describe Hair:	Balding	Thin	<u>Average</u>	Thick	Curly	Wavy	Straight	
Height:	<u>5'6"</u>	Weight:	<u>160</u>					
Complexion:	Fair	<u>Medium</u>	Olive	Light/Brown	Medium/Brown	Dark/Brown	Freckles: Yes <u>No</u>	
Bone Structure:	Small	<u>Medium</u>	Large	Very Large	Vision:	Excellent	<u>Good</u> Fair	
Occupation:	<u>CEO</u>			Education:	<u>some college</u>			
Special skills or characteristics:	<u>Art, painting/drawing, reading, Animals, Nature</u>							
List any past or present significant health problems:	<u>None</u>							
Is she more (circle one in each column):	<u>Optimistic</u>	Pessimistic	Assertive/	<u>Passive</u>	Leader/	<u>Follower</u>	Easy Going/	<u>Controlling</u>

Interviewer Comments: _____

Donor ID# 1029

5. DONOR'S SIBLING: <input checked="" type="radio"/> M <input type="radio"/> F		Half-Sibling <input type="checkbox"/>	Yr of Birth: <u>1974</u>	Eye Color: <u>Blue</u>	Hair Color: <u>Blonde</u>			
Describe Hair: Balding Thin <u>Average</u> Thick Curly Wavy <u>Straight</u>		Height: <u>6'</u>	Weight: <u>185</u>					
Complexion: Fair <u>Medium</u> Olive Light/Brown Medium/Brown Dark/Brown		Freckles: Yes <u>No</u>						
Bone Structure: Small <u>Medium</u> Large Very Large		Vision: Excellent Good <u>Fair</u> Poor						
Occupation: <u>Software Engineer</u>			Education: <u>BA Computer Science</u>					
Special skills or characteristics: <u>Loves to read, traveler, debates various topics</u>								
List any past or present significant health problems: <u>None</u>								
Is (s)he more (circle one in each column):		Optimistic/Pessimistic	Assertive/Passive	Leader/Follower	Easy Going/Controlling			
6. DONOR'S SIBLING: <input checked="" type="radio"/> M <input type="radio"/> F		Half-Sibling <input type="checkbox"/>	Yr of Birth: <u>1971</u>	Eye Color: <u>Blue</u>	Hair Color: <u>Blonde</u>			
Describe Hair: Balding Thin <u>Average</u> Thick Curly Wavy <u>Straight</u>		Height: <u>6'</u>	Weight: <u>130</u>					
Complexion: Fair <u>Medium</u> Olive Light/Brown Medium/Brown Dark/Brown		Freckles: Yes <u>No</u>						
Bone Structure: Small <u>Medium</u> Large Very Large		Vision: Excellent <u>Good</u> Fair Poor						
Occupation: <u>student</u>			Education: <u>BA Art</u>					
Special skills or characteristics: <u>Artistic, Analytical, Adventurous, Excellent teacher</u>								
List any past or present significant health problems: <u>None</u>								
Is (s)he more (circle one in each column):		<u>Optimistic/Pessimistic</u>	Assertive/ <u>Passive</u>	<u>Leader/Follower</u>	<u>Easy Going/Controlling</u>			
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>Norway</u>	<u>82</u>	<u>Brown</u>	<u>Blue</u>	<u>G</u> F P			
MGF	<u>NY</u>	<u>82</u>	<u>Brown</u>	<u>Green</u>	<u>G</u> F P			
PGM	<u>US</u>		<u>Brown</u>	<u>Hazel</u>	G F P	<u>70</u>		<u>arthritis</u>
PGF	<u>US</u>	<u>85</u>	<u>Brown</u>	<u>Blue</u>	<u>G</u> F P			

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: Dislocated shoulder

Interviewer Comments: PGM - deceased age 70, likely ~~accidental~~ pain medications.

IF

Donor ID# 0099

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: 1998 Hospital: Group Health Type of Problem/Surgery: Removed soft tissue damage from dirt bike injury

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/ 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: Weight Training & Jogging

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			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? If yes, how many cups per day? How many alcoholic drinks do you consume in a week? 0 Per Month? _____
 Yes No One

Have you ever had a major radiation exposure or x-ray exposure, including in your line of work? Yes No
 If yes, please explain:
Dental X-rays & Body X-rays for Injuries

Interviewer Comments: _____

Donor ID# WMM

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	<u>2</u>	Aunt-Maternal	<u>3</u>	Cousin-Maternal-Female	<u>2</u>
Sibling-Sister	<u> </u>	Aunt-Paternal	<u>2</u>	Cousin-Maternal-Male	<u>2</u>
Half-Brother	<u> </u>	Uncle-Maternal	<u>0</u>	Cousin-Paternal-Female	<u>4</u>
Half-Sister	<u> </u>	Uncle-Paternal	<u>2</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 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													<input checked="" type="checkbox"/>
2	Club Feet													
3	Extra fingers and toes													
4	Down Syndrome													
5	Mental Retardation													
6	Unexplained infant or childhood deaths													
7	Multiple family members with same trait disease													
8	Individuals much shorter/taller than rest of family													
9	Individuals who look unusual or different													
10	Multiple miscarriages													
11	Stillbirths													
12	Other birth defects (even if correctable)													

Interviewer Comments: _____

Donor ID# 00299

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	Adult Acne (not teen pimples)													<input checked="" type="checkbox"/>
2	Eczema													
3	Psoriasis													
4	Skin Cancer (Melanoma)													
5	Skin Cancer (Basal Cell Carcinoma)													
6	Other Skin disorders													
C	Medical Problem	You	Sibling		Grandparents				Aunts/Uncles		Cousins		None Known	
			M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U		M
1	Deafness before age 60													
2	Significant hearing loss													
3	Deformity of the ear													
4	Strabismus													
5	Cataracts before age 60													
6	Macular Degeneration													
7	Blindness													
8	Color Blindness													
9	Glaucoma													
10	Anosmia (Lack of Smell)													
11	Other sight/sound/smell disorders													
D	Medical Problem	You	Sibling		Grandparents				Aunts/Uncles		Cousins		None Known	
			M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U		M
1	Migraines													
2	Senility before 50													
3	Alzheimer's diseases (age of onset)													
4	Parkinson's													
5	Multiple sclerosis													
6	Cerebral palsy													
7	Autism/Mental Retardation													
8	Epilepsy or seizure													
9	Stroke													
10	Progressive Muscular Disorders													

Interviewer Comments: _____

Donor ID# *WOM*

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	F		
11	Learning Difficulties/ Special Ed/Speech Delay														✓
12	Sleep Disorders														
13	Attention Deficit Hyperactivity Disorder (ADHD)														
14	Hydrocephalus (Fluid on the brain)														
15	Disorder of the spinal cord														
16	Huntington's disease														
17	Degenerative Nerve Disorders														
18	Neurofibromatosis														
19	Neural tube defect														
20	Other diseases of the nervous system														
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	F		
1	Heart defects at birth														
2	Heart disease														
3	Heart attack (age of onset)														
4	High Cholesterol														
5	High Blood Pressure														
6	Cardiomyopathy														
7	Sudden Death														
F	Medical Problem	You			Sibling		Grandparents				Aunts/Uncles		Cousins		None Known
		M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
1	Anemia														
2	Sickle-Cell anemia														
3	Hemophilia or other bleeding problems														
4	Polycythemia														
5	Blood Clots														
6	Other blood disorder														
G	Medical Problem	You			Sibling		Grandparents				Aunts/Uncles		Cousins		None Known
		M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
1	Hay Fever														
2	Asthma														✓

VF

Interviewer Comments: Uncle - MILD SEASONAL ALLERGIES.

Donor ID# W239

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	F		
3	Tuberculosis															<input checked="" type="checkbox"/>
4	Lung cancer															
5	Emphysema or Chronic Lung Disease															
6	Other lung disease															
H	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	Type I Diabetes (Insulin Dependent, Juvenile Onset)															
2	Type II Diabetes (Adult Onset)		<input checked="" type="checkbox"/>													
2	Thyroid cancer															<input checked="" type="checkbox"/>
3	Thyroid disease															
4	Goiter															
5	Adrenal dysfunction or disorder															
6	Other															
I	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	Ulcer or stomach or duodenum															
2	Gallstones															
3	Other liver disease															
4	Colon cancer															
5	Intestinal cancer															
6	Ulcerative colitis															
7	Crohn's disease															
8	Any other disease/problem of digestive system															
J	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	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															

GF

Interviewer Comments:

M - prediabetes; no meds - controlled by dietary changes (lifestyle related)

Donor ID# 0629

K	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	Problems of the Genital or Reproductive System															
1	Abnormally placed urethra (Hypospadias)															✓
2	Premature Menopause or Ovarian Failure															
3	Fragile X Syndrome															
3	Multiple Miscarriages															
3	Uterine fibroids															
4	Ovarian cysts															
5	Cancer of cervix, ovaries or uterus															
6	Ambiguous genitals (hermaphrodite)															
7	Other															
M	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	Cancers															
1	Early onset cancer (before age 50)															
2	Breast cancer															
3	Ovarian Cancer															
4	Colon Cancer															
5	Lung Cancer															
6	Brain Cancer															
7	Prostate Cancer															
8	Pancreatic Cancer															
9	Leukemia															
10	Lymphoma															
11	Any family member with more than one type of cancer															
12	Other cancer (Describe)															
L	Medical Problem	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	Mental Health Problems															
1	Schizophrenia															
2	Manic-depressive illness (Bi-Polar)															
3	Other mental health disorder requiring hospitalization															
4	Severe depression with period of inability to function															

Interviewer Comments: _____

Donor ID# 6079

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	Problems of the Muscle, Bones, or Joints															
1	Muscular dystrophy															<input checked="" type="checkbox"/>
2	Degenerative Muscle Disorders															
3	Lupus															
4	Scoliosis															
5	Spina bifida															
6	Osteoporosis															
7	Arthritis (rheumatoid osteo, unknown type)															
8	Gout															
9	Other musculoskeletal disease															
10	Other chronic muscle disease															
	Medical Problem	You				Sibling		Grandparents				Aunts/Uncles		Cousins		None Known
O	Other Disorders	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F			
1	Alcoholism															
2	Drug abuse, misuse, or addiction															
3	Tay-Sachs															
4	Canavan Disease															
5	Cystic Fibrosis															
6	Gaucher's disease															
7	Familial Dysautonomia															
8	Bloom syndrome															
9	Fanconi anemia group C															
10	Glycogen storage disease type 1a															
11	Maple syrup urine disease															
12	Mucopolipidosis type IV															
13	Niemann-Pick disease															
14	Huntington's chorea															
15	Marfan's disease															
16	Gulliam-Barre															
17	Wilson's disease															
18	Adverse Reaction to Medications															
19	Diagnosis of any known genetic syndrome															
20	Missing teeth (from birth)															
21	Any other condition not previously mentioned															

✓ 100%

donor ERRO/Son

Interviewer Comments: pcm osteo Arthritis Hands and feet - onset 60s -