Updated medical information on the donor and his family (if applicable) can be found at fairfaxcryobank.com/prs-donor-updates

# DONOR MEDICAL AND SOCIAL HISTORY FORM

DONOR ID #: 6960

Thank you for your interest in becoming a sperm donor. The following three-part questionnaire has been developed to help us and potential recipients gain insight into your personal and family medical and social history.

### PART I – DONOR GENERAL AND PSYCHOSOCIAL DESCRIPTION

These are questions about your general description, occupation, education, and personal characteristics.

### PART II – DONOR'S FAMILY SOCIAL INFORMATION

This refers to your parents, siblings, and maternal/paternal grandparents. Please complete to the best of your knowledge. You may want to consult with these family members to complete the questions/statements that are unknown to you.

### PART III – DONOR'S PERSONAL MEDICAL HISTORY

This refers to you, your immediate family, aunts, uncles and cousins and grandparents. Once again, you may need to consult with these other family members to answer questions that are unknown to you.

### PART IV – DONOR AND FAMILY MEDICAL HISTORY

This page is a legal document, in which you verify that, to the best of your knowledge, your responses to the questions accurately reflect the past and current state of your personal and family health. It will be detached from the rest of the questionnaire and will remain confidential.

**Please sign and date the statement on page 12.**

## INSTRUCTIONS FOR COMPLETING THIS FORM:

1. DO NOT USE PENCIL: USE BLUE OR BLACK INK
2. FORMS IN PENCIL WILL NOT BE ACCEPTED!
3. **Please answer *all* questions to the best of your ability by checking the appropriate boxes, circling the appropriate answer or providing written responses in the spaces provided.**
4. **Do not put your name anywhere on this form, except your signature on page 12.**
5. **Do not list the city as place of birth for you or family members. List state only (or country if not US born).**

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## PART 1A – DONOR GENERAL AND PSYCHO-SOCIAL DESCRIPTION

| | | | | |
|---|---|---|---|---|
| 1. Current Age: 25 | 2. Today's Date: 4/1/10 | 3. Place of Birth (State or Country only): VT | | |
| 4. Mo./Yr of Birth: 2/85 | 5. Height: 5'11" | 6. Weight: 165 | 7. Eye Color: Brown | 8. Hair Color: DK. Blonde |

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

10. Freckles: None (Few) Numerous

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

12. Are you: Left Handed (Right Handed) 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: ☒ Caucasian ☐ Black ☐ Asian ☐ Latin ☐ Middle Eastern ☐ Other

15. Mother's Ethnicity: 1. Polish 2. English 3. 4.

16. Father's Ethnicity: 1. Greek 2. English 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: Gardener | 2nd Occupation: Teacher | |
| 2. What was your high school GPA? 3.4 | 3. Are you currently in college? Yes (No) | |
| College/University GPA: 3.6 | Degree: BA | Major: Latin American Studies |
| Post Graduate GPA: | Degree: | Major: |

4. What are your career goals? High School Teacher / Professor

## PART 1C – PERSONAL CHARACTERISTICS

1. Math Skill Ability: High
2. Mechanical Ability: Medium
3. Athletic Ability: Medium
4. Musical Ability: Low
5. Foreign Language Ability: High
6. Artistic Ability: Low
7. Special hobbies, talents and interests: Dogs, Hiking, Urban farming

| | |
|---|---|
| 8. Favorite Sport: Biking | 9. Favorite Food: Stir-fry |
| 10. Favorite Color: Green | 11. Favorite Pet: Tortoise |
| 12. Favorite Movie: The Time Machine (1960) | 13. Favorite Book or Author: Kurt Vonnegut |

14. Favorite Music and/or Group(s): Grateful Dead, Jeff Beck

15. Where would you like to travel and why?

South America; see ancient cities and walk Inca roads.

Interviewer Comments: _____

Donor ID# [illegible]

PART 1C – PERSONAL CHARACTERISTICS Cont'd

1. How would you describe your personality? Easy going and fun loving

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 would love to share my good genes and help people start families.

4. Who do you most admire and why?
People who live their lives to the fullest and make happiness a priority.

## PART 2 – DONOR'S FAMILY INFORMATION (Please Circle choices and/or complete)

1. Do you have any children? Yes (No) If Yes, please complete the following below:

Age:_____ Sex:_____ Health Problems:_____

Age:_____ Sex:_____ Health Problems:_____

Age:_____ Sex:_____ Health Problems:_____

2. Have you been responsible for any other pregnancies? Y (N) If yes, what year(s) did they occur? _____ _____ _____

| 3. DONORS FATHER | Yr of Birth: 1952 | Place of Birth: NY | Eye Color: Brown | Hair Color: Black |
|---|---|---|---|---|

Describe Hair: Balding Thin Average Thick Curly Wavy (Straight) Height: 5'10" Weight: 185

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: Teacher Education: MA

Special skills or characteristics: Musician

List any past or present significant health problems:

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

| 4. DONOR'S MOTHER | Yr of Birth: 1955 | Place of Birth: Canada | Eye Color: Brown | Hair Color: Red |
|---|---|---|---|---|

Describe Hair: Balding Thin (Average) Thick Curly (Wavy) Straight Height: 5'11" Weight: 190

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: Landscape Architect Education: college

Special skills or characteristics: Gourmet chef

List any past or present significant health problems:

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

Interviewer Comments: _____

| | | | | |
|---|---|---|---|---|
| 5.DONOR'S SIBLING (M) F | Half- Sibling ☐ | Yr of Birth: 1982 | Eye Color: Blue | Hair Color: Brown |
| Describe Hair: Balding Thin Average Thick Curly Wavy (Straight) | | | Height: 6'0" | 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: Chef | | | Education: High school | |
| Special skills or characteristics: | | | | |
| List any past or present significant health problems: | | | | |
| Is (s)he more (circle one in each column): | Optimistic/(Pessimistic) | (Assertive)/Passive | Leader/(Follower) | (Easy Going)/Controlling |
| 6.DONOR'S SIBLING 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 | Canada | 78 | Blond | Blue | (G) F P | | | |
| MGF | Poland | 84 | Brown | Brown | (G) F P | | | |
| PGM | NY | | Black | Brown | G F P | 77 | Heart failure | |
| PGF | NY | | Brown | Green | G F P | 82 | COPD * | |

## 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: * obstructive lung disease from smoking. 5/27/10 [illegible]

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## PART 3 – DONORS PERSONAL MEDICAL HISTORY Cont'd

4. Have you ever had surgery for (including but not limited to un-descended testicle(s), hernia, pelvic, bladder or abdominal)

☐ Yes ☒ No If yes please provide the following information:

| Year | Hospital | Type of Problem/Surgery |
|---|---|---|
| ____ | _____ | _____ |
| ____ | _____ | _____ |
| ____ | _____ | _____ |

5. Do you have any allergies to drugs, food, or environment, such as hay fever? ☐ Yes ☒ No ☐ Unsure

6. Are you taking any non-prescription medications, including vitamins? ☒ No ☐ Yes Please list any you are currently taking and for how long.

7. Are you taking any prescription medications? ☒ No ☐ Yes Please list any you are currently taking and for how long.

8. Do you use any performance enhancing drugs, including steroids? ☐ Yes ☒ No If so, please list:

9. Do you wear glasses? ☐ Yes ☒ No How is your vision w/o glasses? (Excellent) Good Fair Poor

10. Are you: ☐ Nearsighted or ☐ Farsighted Your vision is: 20/ 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: ½ - 2 hr walks w/dog daily

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 | occasional | 3 mos ago | Hallucinogens | | |
| Psychiatric Meds | | | Anti-depressants | | |
| Cocaine | | | Tranquilizers | | |
| Narcotic Pain Killers | | | Amphetamines | | |
| Barbiturates | | | Other_____ | | |

18. Do you smoke? ☒ Yes ☐ No How long have you smoked? 5 years If yes how many per day? 1-2 cig

19. Do you drink coffee? ☒ Yes ☐ No If yes, how many cups per day? one How many alcoholic drinks do you consume in a week? 3 Per Month? 15

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: _____

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 | 1 | Aunt-Maternal | 4 | Cousin-Maternal-Female | 7 |
| Sibling-Sister | | Aunt-Paternal | 2 | Cousin-Maternal-Male | 4 |
| Half-Brother | | Uncle-Maternal | 1 | Cousin-Paternal-Female | 2 |
| Half-Sister | | Uncle-Paternal | 1 | Cousin-Paternal-Male | 1 |

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: _____

Donor ID# 6560

| | 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 80's | | | | | | | |
| 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 |

| | 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 |
| 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 |

VF Interviewer Comments: DONOR - MILD ECZEMA ON LEGS

MGF - Hearing Loss 80's

Donor ID# 6100

| | 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) | | | | | | | | X 77 | | | | | | |
| 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 |

VF Interviewer Comments: PGM - deceased age 77 / heart Attack

Donor ID# 560

| | 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 | | | | | | | | | | | | | | X |
| 5 | Emphysema or Chronic Lung Disease | | | | | | | | | X 82 | | | | | |
| 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 | | | | | | | | | | | | | | X |
| 3 | Other liver disease | | | | | | | | | | | | | | X |
| 4 | Colon cancer | | | | | | | | | | | | | | X |
| 5 | Intestinal cancer | | | | | | | | | | | | | | X |
| 6 | Ulcerative colitis | | | | | | | | | | | | | | X |
| 7 | Crohn's disease | | | | | | | | | | | | | | X |
| 8 | Any other disease/problem of digestive system | | | | | | | | | | | | | | X |
| | Medical Problem | | | | Sibling | | | Grandparents | | | Aunts/Uncles | | Cousins | | |
| 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 |

Interviewer Comments: PGF - COPD 82, SMOKER - deceased 2yrs ago

Donor ID# 6560

| | 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: _____

Donor ID# [illegible]

| | 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 | | | | | | | | | | | | | | ✓ |
| 2 | Degenerative Muscle Disorders | | | | | | | | | | | | | | X |
| 3 | Lupus | | | | | | | | | | | | | | X |
| 4 | Scoliosis | | | | | | | | | | | | | | X |
| 5 | Spina bifida | | | | | | | | | | | | | | X |
| 6 | Osteoporosis | | | | | | | | | | | | | | ✓ |
| 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:

PGF - Alcoholic recovered (stopped drinking X 20yr's)