DONOR MEDICAL AND SOCIAL HISTORY FORM

DONOR ID #: 0377

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

PART I – DONOR GENERAL AND PSYCHOSOCIAL DESCRIPTION

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

PART II – DONOR'S FAMILY SOCIAL INFORMATION

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

PART III – DONOR'S PERSONAL MEDICAL HISTORY

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

PART IV – DONOR AND FAMILY MEDICAL HISTORY

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

Please sign and date the statement on page 12.

INSTRUCTIONS FOR COMPLETING THIS FORM:

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

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PART 1A – DONOR GENERAL AND PSYCHO-SOCIAL DESCRIPTION

1. Current Age: 33	2. Today's Date: Dec 9th 2009	3. Place of Birth (State or Country only): NY		
4. Mo./Yr of Birth: 1-33-76	5. Height: 5'10	6. Weight: 200	7. Eye Color: Hazel	8. Hair Color: Brown

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

10. Freckles: None (Few) Numerous

11. Skin Color; ~~Fair~~ (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. Irish 2. English 3. 4.

16. Father's Ethnicity: 1. Scottish 2. 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: Grad Student (Masters Family Therapy)		2nd Occupation:	
2. What was your high school GPA? 3.0		3. Are you currently in college? (Yes) No	
College/University GPA: 3.80	Degree: Psychology/BA	Major: Psychology	
Post Graduate GPA: 4.00	Degree: still attending MFT	Major: Masters Clinical Psych	

4. What are your career goals? Prof., therapist, music industry professional

PART 1C – PERSONAL CHARACTERISTICS

1. Math Skill Ability:	Average
2. Mechanical Ability:	Average
3. Athletic Ability:	Above Average
4. Musical Ability:	Above Average
5. Foreign Language Ability:	Average
6. Artistic Ability:	Above Average
7. Special hobbies, talents and interests:	Musician, Producer, graphic artist, energy healer
8. Favorite Sport: basketball	9. Favorite Food: Indian
10. Favorite Color: blue	11. Favorite Pet: Cat
12. Favorite Movie: Documentaries	13. Favorite Book or Author: Carl Jung
14. Favorite Music and/or Group(s): Miles Davis	
15. Where would you like to travel and why? Spain: for the architecture and to enjoy/study the cultural mix	

Interviewer Comments: _____

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PART 1C – PERSONAL CHARACTERISTICS Cont'd

1. How would you describe your personality? friendly, introspective, funny, thoughtful

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?
To gift others the ability to have a child utilizing healthy genes and samples.

4. Who do you most admire and why?
Carl Jung. He was at once intelligent, funny, artistic and pioneering of spirit. He was also spiritually brave...

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: 1946	Place of Birth: NYC	Eye Color: Green	Hair Color: Brown
Describe Hair: (Balding) Thin Average Thick Curly Wavy Straight			Height: 6'1	Weight: 210
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: Former Prof.			Education: M.A. / incomplete PhD.	
Special skills or characteristics: Very smart, funny, handsome, green eyes				
List any past or present significant health problems: back pain due to an accident...				
Is he more (circle one in each column): (Optimistic)/Pessimistic	(Assertive)/Passive	(Leader)/Follower	(Easy Going)/Controlling	

4. DONOR'S MOTHER	Yr of Birth: 1943	Place of Birth: NY	Eye Color: Brown	Hair Color: Brown
Describe Hair: Balding Thin (Average) Thick Curly Wavy Straight			Height: 5'8	Weight: 145
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: Homemaker			Education: High School	
Special skills or characteristics: Very tidy. Good homemaker, sweet				
List any past or present significant health problems: None made of				
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:	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

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	NYC		Brown	Green	G (F) P	35	died during child birth	
MGF	Ireland		Black	Brown	(G) F P	67	heart attack on the job	back problems
PGM	Scotland	93	Brown	Green	(G) F P			aches, poor vision
PGF	Scotland		Black	Blue	(G) F P	87	heart attack	emphysema

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: _____

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.

Multivitamin, St Johns Wort, Ginko Biloba

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

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

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

10. Are you: ☐ Nearsighted or ☐ Farsighted Your vision is: 20/ 15 ☐ Unsure

11. Do you have any hearing problems? ☐ Yes ☒ No If yes, please explain:

12. What is the condition of your teeth? Excellent (Good) Fair Poor How is your diet? (Good) Fair Poor Vegetarian

13. Do you exercise: 4 or more times per week (2-3 times per week) Never/almost never

14. Describe your exercise routine: Yoga, brisk walking or weight lifting

15. Have you ever had a serious or prolonged illness? ☒ Yes ☐ No If yes, please explain:

IV [redacted] due to a drug reaction

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		5 years ago (in past)	Hallucinogens		
Psychiatric Meds		4 years ago	Anti-depressants		4 years ago
Cocaine			Tranquilizers		
Narcotic Pain Killers			Amphetamines		
Barbiturates			Other_____		

18. Do you smoke? ☐ Yes ☒ No How long have you smoked? If yes how many per day?

19. Do you drink coffee? ☒ Yes ☐ No If yes, how many cups per day? 2 How many alcoholic drinks do you consume in a week? 0 Per Month? 0

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: 2001 - rxn to Lexapro - x1yr - lethargy, wt gain, insomnia - DCd medications SX resolved.

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21. Have you ever been exposed to significant amounts of the following in your living environment, work or hobbies: ☐ Yes ☒ No

If yes:	Type	When	How Often	For How Long
Toxic Chemicals				
Drugs				
Pesticides				
Fumes/Exhaust/ Gases				
Flea Powder/Sprays				
Lead Products				
Asbestos Products				
Herbicidal Products				

PART 4 – DONOR AND FAMILY MEDICAL HISTORY

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

Sibling-Brother	—	Aunt-Maternal	1	Cousin-Maternal-Female	—
Sibling-Sister	—	Aunt-Paternal	2	Cousin-Maternal-Male	—
Half-Brother	—	Uncle-Maternal	1	Cousin-Paternal-Female	2
Half-Sister	—	Uncle-Paternal	2	Cousin-Paternal-Male	2

Are there any known genetic diseases that run in your family? ☐ Yes ☑ None Known

Please indicate which of the following medical problems you or your blood relatives have had to the best of your knowledge. Please check "No One" for each medical problem listed above which has not affected your or any of your family members.

	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
A	**Birth Defects**	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
1	Cleft Lip, palate														X
2	Club Feet														X
3	Extra fingers and toes														X
4	Down Syndrome														X
5	Mental Retardation														X
6	Unexplained infant or childhood deaths														X
7	Multiple family members with same trait disease														X
8	Individuals much shorter/taller than rest of family														X
9	Individuals who look unusual or different														X
10	Multiple miscarriages														X
11	Stillbirths														X
12	Other birth defects (even if correctable)														X

Interviewer Comments: _____

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	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
B	**Skin Problems**	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
1	Adult Acne (not teen pimples)														X
2	Eczema														X
3	Psoriasis														X
4	Skin Cancer (Melanoma)														X
5	Skin Cancer (Basal Cell Carcinoma)														X
6	Other Skin disorders														X

	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
C	**Sight/Sound/Smell**	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
1	Deafness before age 60														X
2	Significant hearing loss														X
3	Deformity of the ear														X
4	Strabismus														X
5	Cataracts before age 60														X
6	Macular Degeneration														X
7	Blindness														X
8	Color Blindness														X
9	Glaucoma														X
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									x87					
10	Progressive Muscular Disorders														X

Interviewer Comments: PGF- Stroke @87, M1087 ↓ 4
PGF- Migraines vs. environment exposure as
HAS not dx as migraines or

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	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
D	**Mental or Neurological Cont'd**	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
11	Learning Difficulties/ Special Ed/Speech Delay														X
12	Sleep Disorders														X
13	Attention Deficit Hyperactivity Disorder (ADHD)														Y
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														Y

	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						VF onset 30yrs								X
3	Heart attack (age of onset)							67		87					
4	High Cholesterol										X				
5	High Blood Pressure										X				
6	Cardiomyopathy														X
7	Sudden Death						Y								

	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: 1) MGM - died during childbirth/hypothermia, Aunt - HTN, ↑chol onset @ 40's ca
MGF - MI @ 67 ↓ qp, PGF - MI @ 87 ↓ qp

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	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
G	**Respiratory (Lungs) Cont'd**	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
3	Tuberculosis														
4	Lung cancer														X
5.	Emphysema or Chronic Lung Disease									X					X
6	Other lung disease														

	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		# even dawn									
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

LF Interviewer Comments: F - ulcers due to use of anti inflammatory drugs for back injury

REF - emphysema / smoker - x 20 yrs tobacco abuse qp

Type II DM ?

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	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
K	**Problems of the Genital or Reproductive System**	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
1	Abnormally placed urethra (Hypospadius)														X
2	Premature Menopause or Ovarian Failure														X
3	Fragile X Syndrome														X
	Multiple Miscarriages														X
3	Uterine fibroids														X
4	Ovarian cysts														X
5	Cancer of cervix, ovaries or uterus														X
6	Ambiguous genitals (hermaphrodite)														X
7	Other														X

	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
M	**Cancers**	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
1	Early onset cancer (before age 50)														X
2	Breast cancer														X
3	Ovarian Cancer														X
4	Colon Cancer														X
5	Lung Cancer														X
6	Brain Cancer														X
7	Prostate Cancer														X
8	Pancreatic Cancer														X
9	Leukemia														X
10	Lymphoma														X
11	Any family member with more than one type of cancer														X
12	Other cancer (Describe)														X

	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
L	**Mental Health Problems**	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
1	Schizophrenia														X
2	Manic-depressive illness (Bi-Polar)														X
3	Other mental health disorder requiring hospitalization														X
4	Severe depression with period of inability to function														X

Interviewer Comments: _____

_____

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	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
N	**Problems of the Muscle, Bones, or Joints**	You	M	F	M	F	Maternal GM	Materna GF	Paterna GM	Paterna GF	A	U	M	F	None Known
1	Muscular dystrophy														X
2	Degenerative Muscle Disorders														X
3	Lupus														X
4	Scoliosis														X
5	Spina bifida														X
6	Osteoporosis														X
7	Arthritis (rheumatoid osteo, unknown type)														X
8	Gout														X
9	Other muscoskeletal disease														X
10	Other chronic muscle disease														X

	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
O	**Other Disorders**	You	M	F	M	F	Maternal GM	Materna GF	Paterna GM	Paterna GF	A	U	M	F	None Known
1	Alcoholism									X					
2	Drug abuse, misuse, or addiction														X
3	Tay-Sachs														X
4	Canavan Disease														X
5	Cystic Fibrosis														X
6	Gaucher's disease														X
7	Familial Dysautonomia														X
8	Bloom syndrome														X
9	Fanconi anemia group C														X
10	Glycogen storage disease type 1a														X
11	Maple syrup urine disease														X
12	Mucolipidosis type IV														X
13	Niemann-Pick disease														X
14	Huntington's chorea														X
15	Marfan's disease														X
16	Gulliam-Barre														X
17	Wilson's disease														X
18	Adverse Reaction to Medications														X
19	Diagnosis of any known genetic syndrome														X
20	Missing teeth (from birth)														X
21	Any other condition not previously mentioned														X

Interviewer Comments: PGF - stopped drinking in 40's