
DONOR MEDICAL AND SOCIAL HISTORY FORM

DONOR ID #: 0739

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# 6739

| PART 1A - DONOR GENERAL AND PSYCHO-SOCIAL DESCRIPTION | | | | | | | |
|--|--------------------------------|--|----------------------------|--|--|--|--|
| 1. Current Age: <u>27</u> | 2. Today's Date: <u>7.1.10</u> | 3. Place of Birth (State or Country only): <u>CT</u> | | | | | |
| 4. Mo./Yr of Birth: <u>09/82</u> | 5. Height: <u>5'8"</u> | 6. Weight: <u>150</u> | 7. Eye Color: <u>Brown</u> | 8. Hair Color: <u>Brown</u> | | | |
| 9. Hair (circle that apply): Balding Thin <u>Average</u> Thick Curly Wavy Straight | | | | 10. Freckles: None <u>Few</u> Numerous | | | |
| 11. Skin Color: Fair Medium Dark <u>Olive</u> Light Brn Reddish Brn Med. Brn Dark Brn | | | | | | | |
| 12. Are you: Left Handed <u>Right Handed</u> <u>Ambidextrous</u> | | | | | | | |
| 13. Are you a twin? Yes <u>No</u> Fraternal | | Are there twins in your family? <u>Yes</u> No | | If yes are they: <u>Identical</u> | | | |
| 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>Portuguese</u> 2. <u>Polish</u> 3. 4. | | | | | | | |
| 16. Father's Ethnicity: 1. <u>Spanish</u> 2. <u>Phillipines</u> 3. 4. | | | | | | | |
| 17. Circle any group from which you descend: African Jewish <u>Mediterranean</u> Middle Eastern French/Canadian Irish American Cajun | | | | | | | |
| If Jewish, please circle one of the following: Asian Ashkenzai Sephardic | | | | | | | |
| PART 1B - EDUCATION AND CAREER | | | | | | | |
| 1. Occupation: <u>Guitar Instructor</u> | | | | 2nd Occupation: <u>Classical Guitar Performer</u> | | | |
| 2. What was your high school GPA? <u>3.0</u> | | | | 3. Are you currently in college? Yes <u>No</u> | | | |
| College/University GPA: <u>3.5</u> | | Degree: <u>B.M. / Music</u> <u>B.A. / Hispanic studies</u> | | Major: <u>classical guitar</u> <u>hispanic studies</u> | | | |
| Post Graduate GPA: <u>3.5</u> | | Degree: <u>Masters of Music</u> | | Major: <u>classical guitar</u> | | | |
| 4. What are your career goals? <u>Music Professor at University - write music, travel, perform</u> | | | | | | | |
| PART 1C - PERSONAL CHARACTERISTICS | | | | | | | |
| 1. Math Skill Ability: <u>average</u> | | | | | | | |
| 2. Mechanical Ability: <u>working on building my own bike</u> | | | | | | | |
| 3. Athletic Ability: <u>Ultimate frisbee / Basketball / martial arts / running / yoga</u> | | | | | | | |
| 4. Musical Ability: <u>Guitar - some voice - trumpet</u> | | | | | | | |
| 5. Foreign Language Ability: <u>Spanish - some French</u> | | | | | | | |
| 6. Artistic Ability: <u>Art history - Love Modern Art</u> | | | | | | | |
| 7. Special hobbies, talents and interests: <u>writing poetry - hiking - science - philosophy</u> | | | | | | | |
| 8. Favorite Sport: <u>Tennis / Basketball / Boxing</u> | | | | 9. Favorite Food: <u>ceviche / sloppy Joe / mole</u> | | | |
| 10. Favorite Color: <u>Dark Blue</u> | | | | 11. Favorite Pet: <u>my aunts White Shepherd</u> | | | |
| 12. Favorite Movie: <u>I Heart Huckabees / Barakka</u> | | | | 13. Favorite Book or Author: <u>Krishnamurti / EE Cummings</u> | | | |
| 14. Favorite Music and/or Group(s): <u>classical - free jazz - Regina Spektor, Rufus Wainwright, Mars Volta</u> | | | | | | | |
| 15. Where would you like to travel and why? <u>Japan, Peru, Egypt, Turkey</u> <u>fascinated w/ ancient civilizations</u> | | | | | | | |

Interviewer Comments: _____

Donor ID# 6739

PART 1C -- PERSONAL CHARACTERISTICS Cont'd

1. How would you describe your personality? Multi faceted - flexible - dynamic

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? I identify with alternative families and am happy to help bring a child into the world who will be loved + nurtured.

4. Who do you most admire and why? My mother, for the sacrifices she has made as a single parent. + for the values she fostered like honesty, independence, creativity + open mindedness.

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. DONOR'S FATHER

| | | | |
|---|---|-------------------------|--------------------------|
| Yr of Birth: <u>1952</u> | Place of Birth: <u>Spain</u> | Eye Color: <u>Brown</u> | Hair Color: <u>Brown</u> |
| Describe Hair: Balding <input type="checkbox"/> Thin <input type="checkbox"/> Average <input type="checkbox"/> Thick <input type="checkbox"/> Curly <input type="checkbox"/> <u>Wavy</u> <input type="checkbox"/> Straight <input type="checkbox"/> | Height: <u>5'8"</u> | Weight: <u>170</u> | |
| Complexion: Fair <input type="checkbox"/> Medium <input type="checkbox"/> <u>Olive</u> <input type="checkbox"/> Light/Brown <input type="checkbox"/> Medium/Brown <input type="checkbox"/> Dark/Brown <input type="checkbox"/> | Freckles: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Bone Structure: Small <input type="checkbox"/> <u>Medium</u> <input type="checkbox"/> Large <input type="checkbox"/> Very Large <input type="checkbox"/> | Vision: <u>Excellent</u> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> | | |
| Occupation: <u>Business Owner / Screen Printer</u> | Education: <u>H.S.</u> | | |
| Special skills or characteristics: <u>everything</u> | | | |
| List any past or present significant health problems: <u>None</u> | | | |
| Is he more (circle one in each column): Optimistic/Pessimistic <input type="checkbox"/> <u>Assertive/Passive</u> <input type="checkbox"/> Leader/Follower <input type="checkbox"/> Easy Going <input type="checkbox"/> <u>Controlling</u> <input checked="" type="checkbox"/> | | | |

4. DONOR'S MOTHER

| | | | |
|--|---|-------------------------|--------------------------|
| Yr of Birth: <u>1960</u> | Place of Birth: <u>CT</u> | Eye Color: <u>Green</u> | Hair Color: <u>Brown</u> |
| Describe Hair: Balding <input type="checkbox"/> Thin <input type="checkbox"/> <u>Average</u> <input type="checkbox"/> Thick <input type="checkbox"/> Curly <input type="checkbox"/> <u>Wavy</u> <input type="checkbox"/> Straight <input type="checkbox"/> | Height: <u>5'3"</u> | Weight: <u>130</u> | |
| Complexion: Fair <input type="checkbox"/> <u>Medium</u> <input type="checkbox"/> Olive <input type="checkbox"/> Light/Brown <input type="checkbox"/> Medium/Brown <input type="checkbox"/> Dark/Brown <input type="checkbox"/> | Freckles: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Bone Structure: <u>Small</u> <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Very Large <input type="checkbox"/> | Vision: Excellent <input type="checkbox"/> <u>Good</u> <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> | | |
| Occupation: <u>Teacher</u> | Education: <u>BA / Psych + Education</u> | | |
| Special skills or characteristics: <u>Spanish - writing - dancing - the gift of gab.</u> | | | |
| List any past or present significant health problems: <u>smoking related</u> | | | |
| Is she more (circle one in each column): Optimistic/Pessimistic <input type="checkbox"/> <u>Assertive/Passive</u> <input type="checkbox"/> Leader/Follower <input type="checkbox"/> Easy Going <input type="checkbox"/> <u>Controlling</u> <input checked="" type="checkbox"/> | | | |

Interviewer Comments: _____

Donor ID# 6739

| 5. DONOR'S SIBLING M <input type="checkbox"/> F <input checked="" type="checkbox"/> | | Half-Sibling <input checked="" type="checkbox"/> | Yr of Birth: <u>1989</u> | Eye Color: <u>Brown</u> | Hair Color: <u>Brown</u> | | | |
|--|----------------|--|--------------------------|-------------------------|---------------------------------|--------------|----------------------|------------------------------|
| Describe Hair: Balding <input type="checkbox"/> Thin <input type="checkbox"/> Average <input type="checkbox"/> Thick <input checked="" type="checkbox"/> Curly <input type="checkbox"/> Wavy <input checked="" type="checkbox"/> Straight <input type="checkbox"/> | | Height: <u>5'7"</u> | | Weight: <u>115</u> | | | | |
| Complexion: Fair <input type="checkbox"/> <u>Medium</u> <input checked="" type="checkbox"/> Olive <input type="checkbox"/> Light/Brown <input type="checkbox"/> Medium/Brown <input type="checkbox"/> Dark/Brown <input type="checkbox"/> | | Freckles: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | |
| Bone Structure: <u>Small</u> <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Very Large <input type="checkbox"/> | | Vision: Excellent <input type="checkbox"/> <u>Good</u> <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> | | | | | | |
| Occupation: <u>Bartender</u> | | Education: <u>some college</u> | | | | | | |
| Special skills or characteristics: <u>singing - writing - diving - wrestling</u> | | | | | | | | |
| List any past or present significant health problems: <u>none</u> | | | | | | | | |
| Is (s)he more (circle one in each column): Optimistic/Pessimistic <input type="checkbox"/> Assertive/Passive <input type="checkbox"/> Leader/Follower <input type="checkbox"/> Easy Going/Controlling <input checked="" type="checkbox"/> | | | | | | | | |
| 6. DONOR'S SIBLING M <input checked="" type="checkbox"/> F <input type="checkbox"/> | | Half-Sibling <input checked="" type="checkbox"/> | Yr of Birth: <u>1991</u> | Eye Color: <u>Hazel</u> | Hair Color: <u>Blonde/Brown</u> | | | |
| Describe Hair: Balding <input type="checkbox"/> Thin <input type="checkbox"/> Average <input type="checkbox"/> Thick <input checked="" type="checkbox"/> Curly <input type="checkbox"/> Wavy <input checked="" type="checkbox"/> Straight <input type="checkbox"/> | | Height: <u>5'8"</u> | | Weight: <u>170</u> | | | | |
| Complexion: Fair <input type="checkbox"/> <u>Medium</u> <input checked="" type="checkbox"/> Olive <input type="checkbox"/> Light/Brown <input type="checkbox"/> Medium/Brown <input type="checkbox"/> Dark/Brown <input type="checkbox"/> | | Freckles: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | |
| Bone Structure: Small <input type="checkbox"/> Medium <input type="checkbox"/> <u>Large</u> <input checked="" type="checkbox"/> Very Large <input type="checkbox"/> | | Vision: <u>Excellent</u> <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> | | | | | | |
| Occupation: <u>Student</u> | | Education: <u>in college</u> | | | | | | |
| Special skills or characteristics: <u>wrestling, Baseball</u> | | | | | | | | |
| List any past or present significant health problems: <u>mild asthma</u> | | | | | | | | |
| Is (s)he more (circle one in each column): Optimistic/Pessimistic <input type="checkbox"/> Assertive/Passive <input type="checkbox"/> Leader/Follower <input type="checkbox"/> Easy Going/Controlling <input checked="" type="checkbox"/> | | | | | | | | |
| 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>CT</u> | <u>75</u> | <u>Brn</u> | <u>Brn</u> | <u>G P</u> | | | <u>emphysema cholesterol</u> |
| MGF | <u>NY</u> | | <u>Brn Red</u> | <u>Hazel</u> | <u>G F P</u> | <u>80</u> | <u>lung ca</u> | |
| PGM | <u>Spain</u> | | <u>Brn</u> | <u>Brn</u> | <u>G F P</u> | <u>05</u> | <u>Car accident</u> | |
| PGF | <u>Spain</u> | | <u>Brn</u> | <u>Brn</u> | <u>G F P</u> | <u>70</u> | <u>heart disease</u> | |

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: gall bladder surgery

Interviewer Comments: LF MGM + MGF - both smokers.

Pacific Reproductive Services

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 Pasadena, CA 91101
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Email: info@pacrepro.com

ADDITIONAL SIBLINGS Donor ID #: 6739

| | | | | |
|---|---|---|-------------------------|--------------------------|
| DONOR'S SIBLING M <input type="radio"/> F <input checked="" type="radio"/> | Half-Sibling <input checked="" type="checkbox"/> | Yr of Birth: <u>1973</u> | Eye Color: <u>Bv</u> | Hair Color: <u>Bv</u> |
| Describe Hair: Balding Thin Average Thick <u>Curly</u> Wavy Straight | | | Height: <u>6'3"</u> | Weight: <u>190</u> |
| Complexion: Fair Medium <u>Olive</u> Light/Brown Medium/Brown Dark/Brown | | Freckles: <u>Yes</u> No | | |
| Bone Structure: Small Medium <u>Large</u> Very Large | | Vision: <u>Excellent</u> Good Fair Poor | | |
| Occupation: <u>Chef</u> | | Education: <u>Bachelors Colinawn Arts</u> | | |
| Special skills or characteristics: <u>owns restaurant - drummer</u> | | | | |

List any past or present significant health problems:

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

| | | | | |
|---|---|---|-------------------------------|--------------------------|
| DONOR'S SIBLING M <input type="radio"/> F <input checked="" type="radio"/> | Half-Sibling <input checked="" type="checkbox"/> | Yr of Birth: <u>1985</u> | Eye Color: <u>Br/Black</u> | Hair Color: <u>Br</u> |
| Describe Hair: Balding Thin Average Thick Curly Wavy <u>Straight</u> | | | Height: <u>5'0"</u> | Weight: <u>110</u> |
| Complexion: Fair Medium <u>Olive</u> <u>Light/Brown</u> Medium/Brown Dark/Brown | | Freckles: Yes <u>No</u> | | |
| Bone Structure: <u>Small</u> Medium Large Very Large | | Vision: Excellent <u>Good</u> Fair Poor | | |
| Occupation: <u>Artist / Event Planner</u> | | Education: <u>BFA</u> | | |
| Special skills or characteristics: <u>singer</u> | | | | |

List any past or present significant health problems: allergies

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

TWINS

| | | | | |
|---|---|---|-------------------------|--------------------------|
| DONOR'S SIBLING M <input type="radio"/> F <input checked="" type="radio"/> | Half-Sibling <input checked="" type="checkbox"/> | Yr of Birth: <u>1993</u> | Eye Color: <u>Bv</u> | Hair Color: <u>Bv</u> |
| Describe Hair: Balding Thin Average Thick <u>Curly</u> Wavy Straight | | | Height: <u>5'1"</u> | Weight: <u>100</u> |
| Complexion: Fair Medium <u>Olive</u> <u>Light/Brown</u> Medium/Brown Dark/Brown | | Freckles: Yes <u>No</u> | | |
| Bone Structure: <u>Small</u> <u>Medium</u> Large Very Large | | Vision: Excellent <u>Good</u> Fair Poor | | |
| Occupation: <u>student</u> | | Education: <u>High School</u> | | |
| Special skills or characteristics: <u>honor roll - interested in pediatrics</u> | | | | |

List any past or present significant health problems: dust allergies

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

Interviewer Comments: _____

Pacific Reproductive Services

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ADDITIONAL SIBLINGS

Donor ID #: 0729

| | | | | | | | | |
|---|--|---|--------------------------|-------------------------------|----------------------|--|--------------------------|--|
| DONOR'S SIBLING M <input checked="" type="radio"/> F <input type="radio"/> | | Half-Sibling <input checked="" type="checkbox"/> | Yr of Birth: <u>1993</u> | | Eye Color: <u>Br</u> | | Hair Color: <u>Brown</u> | |
| Describe Hair: Balding Thin Average <u>Thick</u> <u>Curly</u> Wavy Straight | | Height: <u>5'6"</u> | | Weight: <u>120</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: <u>Excellent</u> Good Fair Poor | | | | | | |
| Occupation: <u>Student</u> | | | | Education: <u>High School</u> | | | | |
| Special skills or characteristics: <u>Captain of Wrestling Team</u> | | | | | | | | |
| List any past or present significant health problems: | | | | | | | | |

| | | | | |
|---|------------------------|--------------------------|-----------------|-------------------------------|
| Is (s)he more (circle one in each column) | Optimistic/Pessimistic | <u>Assertive/Passive</u> | Leader/Follower | <u>Easy Going/Controlling</u> |
|---|------------------------|--------------------------|-----------------|-------------------------------|

| | | | | | | | | |
|--|--|--|--------------|------------|------------|--|-------------|--|
| DONOR'S SIBLING M <input type="radio"/> F <input type="radio"/> | | Half-Sibling <input type="checkbox"/> | 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 <input type="radio"/> F <input type="radio"/> | | Half-Sibling <input type="checkbox"/> | 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# 6739

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
2006 Cr Gall bladder removal - stone

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 multivitamin

7. Are you taking any prescription medications? No Yes Please list any you are currently taking and for how long.
albuterol as needed for mild asthma - 1x month

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/____ 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 lifting / yoga / running / pilates

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 | <u>1x MO</u> | <u>last month</u> | 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? 10

Have you ever had a major radiation exposure or x-ray exposure, including in your line of work? Yes No
 If yes, please explain:

LF Interviewer Comments: 7. mild seasonal allergies.

Donor ID# 6729

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 2
 Sibling-Sister _____ Aunt-Paternal _____ Cousin-Maternal-Male 1
 Half-Brother 3 Uncle-Maternal 1 Cousin-Paternal-Female _____
 Half-Sister 3 Uncle-Paternal _____ Cousin-Paternal-Male _____

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 | Sibling | | | | Grandparents | | | | Aunts/Uncles | | Cousins | | None Known | |
|----|---|---------|---|---|---|--------------|-------------|-------------|-------------|--------------|---|---------|---|------------|---|
| | | You | 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# 6739

| Medical Problem | | You | M | F | Sibling | | Grandparents | | | | Aunts/Uncles | | Cousins | | None Known | |
|-----------------|-------------------------------------|-----|---|---|---------|---|--------------|-------------|-------------|-------------|--------------|---|---------|---|------------|---|
| B | Skin Problems | | | | M | F | Maternal GM | Maternal GF | Paternal GM | Paternal GF | A | U | M | F | | |
| 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 | | You | M | F | Sibling | | Grandparents | | | | Aunts/Uncles | | Cousins | | None Known | |
| C | Sight/Sound/Smell | | | | M | F | Maternal GM | Maternal GF | Paternal GM | Paternal GF | A | U | M | F | | |
| 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 | | You | M | F | Sibling | | Grandparents | | | | Aunts/Uncles | | Cousins | | None Known | |
| D | Mental or Neurological | | | | M | F | Maternal GM | Maternal GF | Paternal GM | Paternal GF | A | U | M | F | | |
| 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: _____

Donor ID# 6739

| 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 | | | | | | | | | | | | | | 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 |
| E | Medical Problem | You | | | Sibling | | Grandparents | | | | Aunts/Uncles | | Cousins | | None Known |
| 1 | Heart Problems or Circulatory | 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 ₇₃ | | | | | |
| 3 | Heart attack (age of onset) | | | | | | | | | X ₇₀ | | | | | |
| 4 | High Cholesterol | | | | | | X | | | | | | | | |
| 5 | High Blood Pressure | | | | | | | | | | | | | | |
| 6 | Cardiomyopathy | | | | | | | | | | | | | | X |
| 7 | Sudden Death | | | | | | | | | | | | | | X |
| F | Medical Problem | You | | | Sibling | | Grandparents | | | | Aunts/Uncles | | Cousins | | None Known |
| 1 | Blood Problems | 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 |
| 6 | Other blood disorder | | | | | | | | | | | | | | X |
| G | Medical Problem | You | | | Sibling | | Grandparents | | | | Aunts/Uncles | | Cousins | | None Known |
| 1 | Respiratory (Lungs) | M | F | M | F | Maternal GM | Maternal GF | Paternal GM | Paternal GF | A | U | M | F | | |
| 1 | Hay Fever | | | | X | | | | | | | | | | |
| 2 | Asthma | X | | | X | | | | | | | | | | |

LF Interviewer Comments: BROTHER - MILD SEASONAL ALLERGIES / MILD ASTHMA
DONOR - MILD ASTHMA / USES INHALER PAPER
(N ONCE A MONTH)

Donor ID# 0789

| 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 | | |
| G | Respiratory (Lungs) Cont'd | | | | | | | | | | | | | | | |
| 3 | Tuberculosis | | | | | | | | | | | | | | | X |
| 4 | Lung cancer | | | | | | | X ⁸⁰ | | | | | | | | |
| 5 | Emphysema or Chronic Lung Disease | | | | | | X ¹⁵ | | | | | | | | | |
| 6 | Other lung disease | | | | | | | | | | | | | | | X |
| 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 |
| 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 | | | | | | | | | | | | | | 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 | 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: DONOR - GALLSTONES / GIBBLADDER SURGERY 2005
of MGF & MGM - Tobacco abuse

Donor ID# 6739

| 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 |
| 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 | Sibling | | Grandparents | | | | Aunts/Uncles | | Cousins | | None Known | |
|----|---|-----|---------|---|--------------|---|-------------|-------------|--------------|-------------|---------|---|------------|---|
| | | | M | F | M | F | Maternal GM | Maternal GF | Paternal GM | Paternal GF | A | U | | M |
| 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 | Sibling | | Grandparents | | | | Aunts/Uncles | | Cousins | | None Known | |
|---|--|-----|---------|---|--------------|---|-------------|-------------|--------------|-------------|---------|---|------------|---|
| | | | M | F | M | F | Maternal GM | Maternal GF | Paternal GM | Paternal GF | A | U | | M |
| 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 |

LF Interviewer Comments: MOF Lung CA / smoker

Donor ID# 67391

| N | 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 | 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 |
| D | 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 | 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 |

Interviewer Comments: _____

LF AUNT: PENICILIN ALLERGY.