
DONOR MEDICAL AND SOCIAL HISTORY FORM

DONOR ID #:

9389

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# 9389**PART 1A – DONOR GENERAL AND PSYCHO-SOCIAL DESCRIPTION**

1. Current Age: <u>25</u>	2. Today's Date: <u>6/25/13</u>	3. Place of Birth (State or Country only): <u>Hong Kong</u>		
4. Mo./Yr of Birth: <u>10/87</u>	5. Height: <u>5'8</u>	6. Weight: <u>152</u>	7. Eye Color: <u>Brown</u>	8. Hair Color: <u>Black</u>
9. Hair (circle that apply): Balding Thin Average <u>Thick</u> Curly Wavy Straight			10. Freckles: <u>None</u> Numerous Few	
11. Skin Color; Brn: <u>Fair</u> Medium Dark Olive Light Brn Reddish Brn Med. Brn Dark				
12. Are you: Left Handed <u>Right Handed</u> Ambidextrous				
13. Are you a twin? Yes <u>No</u> Fraternal		Are there twins in your family? Yes <u>No</u>		If yes are they: Identical
14. Family Background: Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input checked="" type="checkbox"/> Asian <input type="checkbox"/> Latin <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other				
15. Mother's Ethnicity: 1. <u>Asian (Chinese)</u> 2. 3. 4.				
16. Father's Ethnicity: 1. <u>Asian (Chinese)</u> 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: <u>Computer programmer</u>	2nd Occupation: <u>Music Producer</u>	
2. What was your high school GPA? <u>4.4</u>	3. Are you currently in college? Yes <u>No</u>	
College/University GPA: <u>3.5</u>	Degree: <u>Bachelor's</u>	Major: <u>Economics</u>
Post Graduate GPA:	Degree:	Major:
4. What are your career goals? <u>Own a \$1 mil+ revenue/yr business and produce a platinum single.</u>		

PART 1C – PERSONAL CHARACTERISTICS

1. Math Skill Ability: <u>Very good</u>	
2. Mechanical Ability: <u>Excellent</u>	
3. Athletic Ability: <u>Excellent - college ice hockey team, 4th place NPC Natl qualifier bodybuilding</u>	
4. Musical Ability: <u>Excellent - 20+ years musician.</u>	
5. Foreign Language Ability: <u>Excellent - fluent in Italian, English, Cantonese</u>	
6. Artistic Ability: <u>Very Good</u>	
7. Special hobbies, talents and interests: <u>Learning languages, writing music, creative arts, other cultures</u>	
8. Favorite Sport: <u>bodybuilding</u>	9. Favorite Food: <u>Fufu (Ghanaian Cuisine)</u>
10. Favorite Color: <u>white</u>	11. Favorite Pet: <u>Dog</u>
12. Favorite Movie: <u>Hearts and Soul</u>	13. Favorite Book or Author: <u>Catcher in the Rye</u>
14. Favorite Music and/or Group(s): <u>John Mayer</u>	
15. Where would you like to travel and why? <u>Italy - because I speak Italian and love the warm atmosphere / people / culture.</u>	

Interviewer Comments: _____

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PART 1C -- PERSONAL CHARACTERISTICS Cont'd

1. How would you describe your personality? easy going, caring, focused, ambitious, non-judgmental

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 want to help the LGBT community fulfill their dreams. Some people in life are not given the same opportunities as others, ~~in life~~ ^{down connection - life} so it gives me great pleasure to help others pursue the blessing of parenthood; an opportunity that they may otherwise never have.

4. Who do you most admire and why? I admire ~~my grandpa~~ ^{donor emeritus} Malcom X. I admire Malcom X because he had the courage to stand up in the face of oppression and for what is right in a time when it was so easy to sit down.

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: <u>1947</u>	Place of Birth: <u>Hong Kong</u>	Eye Color: <u>Brown</u>	Hair Color: <u>Black</u>
Describe Hair: Balding Thin <u>Average</u> Thick Curly Wavy Straight	Height: <u>5'7</u>	Weight: <u>150</u>		
Complexion: <u>Fair</u> Medium Olive Light/Brown Medium/Brown Dark/Brown	Freckles: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Bone Structure: Small <u>Medium</u> Large Very Large	Vision: Excellent <u>Good</u> Fair Poor			
Occupation: <u>Owner of a Taxi Company</u>	Education: <u>Associates</u>			
Special skills or characteristics: <u>Musician, Business, Real Estate</u>				
List any past or present significant health problems: <u>None</u>				

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

4. DONOR'S MOTHER	Yr of Birth: <u>1956</u>	Place of Birth: <u>China</u>	Eye Color: <u>Brown</u>	Hair Color: <u>Black</u>
Describe Hair: Balding Thin Average <u>Thick</u> Curly Wavy Straight	Height: <u>5'6</u>	Weight: <u>130</u>		
Complexion: <u>Fair</u> Medium Olive Light/Brown Medium/Brown Dark/Brown	Freckles: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Bone Structure: <u>Small</u> Medium Large Very Large	Vision: Excellent <u>Good</u> Fair Poor			
Occupation: <u>Dance instructor, Property Manager</u>	Education: <u>Associates</u>			
Special skills or characteristics: <u>Dance,</u>				
List any past or present significant health problems: <u>None</u>				
Is she more (circle one in each column): Optimistic/Pessimistic <input checked="" type="checkbox"/> Assertive/Passive <input checked="" type="checkbox"/> Leader/Follower <input checked="" type="checkbox"/> Easy Going/Controlling <input checked="" type="checkbox"/>				

Interviewer Comments: _____

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5. DONOR'S SIBLING M <input type="checkbox"/> F <input checked="" type="checkbox"/>		Half-Sibling <input type="checkbox"/>	Yr of Birth: <u>1982</u>	Eye Color: <u>Brown</u>	Hair Color: <u>Black</u>
Describe Hair: Balding Thin Average <input checked="" type="checkbox"/> Thick Curly Wavy Straight		Height: <u>5'5</u>	Weight: <u>110</u>		
Complexion: <input checked="" type="checkbox"/> Fair Medium Olive Light/Brown Medium/Brown Dark/Brown		Freckles: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Bone Structure: <input checked="" type="checkbox"/> Small Medium Large Very Large		Vision: Excellent <input checked="" type="checkbox"/> Good Fair Poor			
Occupation: <u>Nurse</u>		Education: <u>Bachelor's Chemistry</u>			
Special skills or characteristics: <u>Musician, Entrepreneur,</u>					
List any past or present significant health problems: <u>None</u>					
Is (s)he more (circle one in each column): <input checked="" type="checkbox"/> Optimistic/Pessimistic <input checked="" type="checkbox"/> Assertive/Passive <input checked="" type="checkbox"/> Leader/Follower <input checked="" type="checkbox"/> Easy Going/Controlling					
6. DONOR'S SIBLING M <input type="checkbox"/> F <input type="checkbox"/>		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): <input type="checkbox"/> Optimistic/Pessimistic <input type="checkbox"/> Assertive/Passive <input type="checkbox"/> Leader/Follower <input type="checkbox"/> Easy Going/Controlling					

7. GRANDPARENTS (Please circle only one for appropriate columns)

	Place of Birth	Living/Age	Hair Color	Eye Color	Health Is:	Deceased/Age	Cause of Death	List any Health Problems:
MGM	<u>Shanghai</u>	<u>80</u>	<u>Black</u>	<u>Brown</u>	<input checked="" type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P	<u>na</u>	<u>na</u>	<u>none</u>
MGF	<u>Shanghai</u>	<u>87</u>	<u>Black</u>	<u>Brown</u>	<input checked="" type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P	<u>na</u>	<u>na</u>	<u>none</u>
PGM	<u>Hong Kong</u>		<u>Blk</u>	<u>Brown</u>	<input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P	<u>70</u>	<u>heart complication -> old age</u>	<u>none</u>
PGF	<u>Hong Kong</u>	<u>90</u>	<u>Blk</u>	<u>Brown</u>	<input checked="" type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P			<u>none</u>

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

1. What is your general state of health?	<input checked="" type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
2. Do you have any current problems with any of the following?	<input checked="" type="checkbox"/> No <input type="checkbox"/> yes (circle all that apply):			
Skin Mouth Ears Throat Breasts Lungs Heart	Stomach Intestines Kidney Bladder Nervous System			
Blood	Eyes Bowel Liver Bones Muscles Blood Vessels			
	Immune System Endocrine system			
3. Have you ever been hospitalized?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, please explain:	

Interviewer Comments: Donor believes PGM had a heart attack. She had no heart problems before she died. 8

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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.

Fish oil, vitamin E → 2 years

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 lifting 5 days/wk - fat burning Cardio 7 days/wk

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? na If yes how many per day? na

19. Do you drink coffee? Yes No If yes, how many cups per day? na How many alcoholic drinks do you consume in a week? 0 Per Month? 1

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: _____

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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			
	Herbicultural Products			

PART 4 – DONOR AND FAMILY MEDICAL HISTORY

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

Sibling-Brother	<u>0</u>	Aunt-Maternal	<u>1</u>	Cousin-Maternal-Female	<u>2</u>
Sibling-Sister	<u>1</u>	Aunt-Paternal	<u>2</u>	Cousin-Maternal-Male	<u>2</u>
Half-Brother	<u>0</u>	Uncle-Maternal	<u>2</u>	Cousin-Paternal-Female	<u>0</u>
Half-Sister	<u>0</u>	Uncle-Paternal	<u>4</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														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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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	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
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	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
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		
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: _____

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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		
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)															Y
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	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		None Known	
					M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
1	Heart defects at birth															X
2	Heart disease															X
3	Heart attack (age of onset)															X
4	High Cholesterol															X
5	High Blood Pressure															X
6	Cardiomyopathy															X
7	Sudden Death															X
F	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	Anemia															X
2	Sickle-Cell anemia															X
3	Hemophilia or other bleeding problems															X
4	Polycythemia															Y
5	Blood Clots															X
6	Other blood disorder															X
G	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	Hay Fever															X
2	Asthma															Y

70?

Donor error

Interviewer Comments: Probable fatal heart attack @ age 70

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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														X
4	Lung cancer														X
5	Emphysema or Chronic Lung Disease														X
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: _____

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K	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	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)																Y
7	Other																Y
	Medical Problem																X
M	Cancers	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	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	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	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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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
O	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: _____

