
DONOR MEDICAL AND SOCIAL HISTORY FORM

DONOR ID #: 4463

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

Please sign and date the statement on page 12. 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.

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#

4463

PART 1A – DONOR GENERAL AND PSYCHO-SOCIAL DESCRIPTION

Current Age: 27	Today's Date: 8/28/08	Place of Birth (State or Country only): MASSACHUSETTS
Mo./Yr of Birth: 05/81	Height: 6'4"	Weight: 185
Eye Color: BLUE	Hair Color: BRN	
Hair (circle that apply): Balding Thin Average Thick Curly Wavy Straight		Freckles: None Few Numerous
Skin Color: Fair Medium Dark Olive Light Brn Reddish Brn Med. Brn Dark Brn		
Are you: Left Handed Right Handed Ambidextrous		
Are you a twin? Yes No Are there twins in your family? Yes No If yes are they: Identical Fraternal		
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		
Mother's Ethnicity: 1. Swedish 2. 3. 4.		
Father's Ethnicity: 1. English 2. 3. 4.		
Circle any group from which you descend: African Mediterranean Middle Eastern French/Canadian Jewish		
If Jewish, please circle one of the following: Asian Ashkenzai Sephardic		

PART 1B – EDUCATION AND CAREER

Occupation: Student	2nd Occupation: Graphic Designer
What was your high school GPA? 3.5	Are you currently in college? Yes No
College/University GPA: 3.0	Degree: BA
Post Graduate GPA:	Major: Digital Media
	Major: Industrial Design
What are your career goals? To reach a point where I can put all my skills in play at once.	

PART 1C – PERSONAL CHARACTERISTICS

Math Skill Ability: Decent, made it to Calculus before other things drew my interest.
Mechanical Ability: Strong
Athletic Ability: Strong, developed coordination toward end of teens.
Musical Ability: Guitar, Saxophone, piano
Foreign Language Ability: Decent, some French, some Japanese
Artistic Ability: Decent but undertrained; my aunt & grandmother are artists.
Special hobbies, talents and interests: Computer skills, foreign films, fixing broken things
Favorite Sport: Basketball
Favorite Food: Varies
Favorite Color: Grey
Favorite Pet: Dog (mutt, tiny)
Favorite Movie: God of Cookery
Favorite Book or Author: Borges
Favorite Music and/or Group(s): Varies depending upon sunshine.
Where would you like to travel and why? I'd like to travel to Brazil & Spain, the first for their music & culture, the second for their modernity & design.

Interviewer Comments: _____

Donor ID#

4463

PART 1C – PERSONAL CHARACTERISTICS Cont'd

How would you describe your personality?

Adaptable, very sensitive to other personalities.

Do you consider yourself to be more:

1. Analytical/Rational or Intuitive/Feeling

2. Extrovert or Introvert

Why do you want to be a donor?

I'm unsure when/if I'll have children, and having been fortunate to have good genes & solid health, wanted to share those gifts.

Who do you most admire and why?

Anyone who exudes positive energy & does what they love.

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

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: _____

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

DONORS FATHER

Yr of Birth: 1953

Place of Birth: New Jersey

Eye Color: Brown

Hair Color: Brown

Describe Hair: Balding ☐ Thin ☐ Average ☒ Thick ☐ Curly ☐ Wavy ☐ Straight ☒

Height: 6' 8"

Weight: 220

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: Publishing VP

Education: BA

Special skills or characteristics:

Dry sense of humor, hard working.

List any past or present significant health problems:

Knee replaced (basketball injury) w/

Is he more (circle one in each column):

Optimistic ☐ Pessimistic ☒Assertive ☐ Passive ☒Leader ☒ Follower ☐Easy Going ☒ Controlling ☐

DONOR'S MOTHER

Yr of Birth: 1954

Place of Birth: New Jersey

Eye Color: Blue

Hair Color: Blonde

Describe Hair: Balding ☐ Thin ☐ Average ☐ Thick ☒ Curly ☐ Wavy ☒ Straight ☐

Height: 5' 8"

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: Psychologist

Education: BA

Special skills or characteristics:

Picks up new skills VERY quickly.

List any past or present significant health problems:

N/A

Is she more (circle one in each column):

Optimistic ☐ Pessimistic ☒Assertive ☐ Passive ☒Leader ☒ Follower ☐Easy Going ☒ Controlling ☐

Interviewer Comments: _____

Donor ID#

4463

DONOR'S SIBLING M F		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								
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 F		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		
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	NY	90	Blond	Blu	G <input checked="" type="radio"/> P			old age dementia (if)
MGF	NY		Blond	Blu	G F P	82	Old Age	Parkinsons
PGM	NJ		Brn	Brn	G F P	92	Old Age	Broken Hip
PGF	NJ		Brn	Brn	G F P	71	Unknown	Heavy Smoker

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 (Check 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:

MGF - 82 old age, dx Parkinsons @ ~ 75yo w
 MGM - living - dx dementia & Alzheimers @

Donor ID#

44163

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 either of the above, please provide the following:

Year Hospital

Type of Problem/Surgery

Year	Hospital	Type of Problem/Surgery

5. Did you mother take DES or any prescription drugs while she was pregnant with you? Yes ☐ No ☒

6. Please list any non-prescription medications, including vitamins, you are currently taking and for how long.

None

7. Please list any prescription medications you are currently taking and for how long.

Fexofenadine - Occasionally for allergies. mild dust allergy.

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/ 17

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: varies, gym-based

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? If yes, please complete the following Information:

	Frequency of Use	Last Time Used		Frequency of Use	Last Time Used
Marijuana			Hallucinogens		
Psychiatric Meds			Anti-depressants		
Cocaine			Tranquilizers		
Narcotic Pain Killers			Amphetamines		
Barbiturates			Other		

18. Do you smoke? Yes ☐ No ☒ How long have you smoked? If yes how many per day?19. Do you drink coffee? Yes ☒ No ☐ If yes, how many cups per day? 2 How many alcoholic drinks do you consume in a week? 8 Per Month? 25Have 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: dust allergy - mild - uses fexofenadine etc
v. int. w.

Donor ID#

9463

21. Have you ever been exposed to significant amounts of the following in your living environment, work or hobbies:

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

PART 4 – DONOR AND FAMILY MEDICAL HISTORY

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

Sibling-Brother	<u>0</u>	Aunt-Maternal	<u>1</u>	Cousin-Maternal-Female	<u>2</u>
Sibling-Sister	<u>0</u>	Aunt-Paternal	<u>1</u>	Cousin-Maternal-Male	<u>0</u>
Half-Brother	<u>0</u>	Uncle-Maternal	<u>1</u>	Cousin-Paternal-Female	<u>3</u>
Half-Sister	<u>0</u>	Uncle-Paternal	<u>0</u>	Cousin-Paternal-Male	<u>1</u>

Are there any known genetic diseases that run in your family?

Please indicate which of the following medical problems you or your blood relatives have had. 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	No One
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#

4463

	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	No One
1	Adult Acne (not teen)														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	No One
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								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	No One
1	Migraines														X
2	Senility before 50														X
3	Alzheimer's diseases (age of onset)														X
4	Parkinson's							X							X
5	Multiple sclerosis														X
6	Cerebral palsy														X
7	Autism														X
8	Epilepsy or seizure														X
9	Stroke														X
10	Progressive Muscular Disorders														X

Interviewer Comments:

MGM - 90 yo. vision problems - macular degeneration
 MGF - PARKINSON'S age 82 - dx parkinsons @ 75 yo

Donor ID#

4463

	Medical Problem	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	No One
D	Mental or Neurological Cont'd														
11	Sleep Disorders														X
12	Attention Deficit Hyperactivity Disorder (ADHD)														X
13	Hydrocephalus (Fluid on the brain)														X
14	Disorder of the spinal cord														X
15	Huntington's disease														X
16	Degenerative Nerve Disorders														X
17	Neurofibromatosis														X
18	Neural tube defect														X
19	Other diseases of the nervous system														X
	Medical Problem														
E	Heart Problems or Circulatory														
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
	Medical Problem														
F	Blood Problems														
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														
G	Respiratory (Lungs)														
1	Hay Fever														X
2	Asthma														X

Interviewer Comments: _____

Donor ID#

4463

Medical Problem		You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		
G	Respiratory (Lungs) Cont'd				M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	No One
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	No One
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	No One
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	No One
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: _____

Donor ID#

463

	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	No One
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
	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	No One
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	No One
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#

4463

	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
N	Problems of the Muscle, Bones, or Joints	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	No One
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	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	No One
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: _____
