
DONOR MEDICAL AND SOCIAL HISTORY FORM

DONOR ID #: 8302

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# 8302**PART 1A – DONOR GENERAL AND PSYCHO-SOCIAL DESCRIPTION**

1. Current Age: <u>31</u>	2. Today's Date: <u>07/18/2012</u>	3. Place of Birth (State or Country only): <u>India</u>
4. Mo./Yr of Birth: <u>04/1982</u>	5. Height: <u>5'9"</u>	6. Weight: <u>170</u>
7. Eye Color: <u>Black</u>		8. Hair Color: <u>Black</u>
9. Hair (circle that apply): Balding Thin Average <u>Thick</u> Curly Wavy <u>Straight</u>		10. Freckles: <u>None</u> Numerous Few
11. Skin Color: <u>Light Brn</u> Light Medium Dark Olive Reddish Brn Med. Brn Dark		
12. Are you: Left Handed <u>Right Handed</u> Ambidextrous		
13. Are you a twin? Yes <u>No</u> Are there twins in your family? Yes <u>No</u> If yes are they: Identical Fraternal		
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>East Asian</u> 2. <u>Indian</u> 3. 4.		
16. Father's Ethnicity: 1. <u>East Asian</u> 2. <u>Indian</u> 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 Ashkenazi Sephardic		

PART 1B – EDUCATION AND CAREER

1. Occupation: <u>Research scientist</u>	2nd Occupation: <u>MD in India</u>
2. What was your high school GPA? <u>A</u>	3. Are you currently in college? <u>Yes</u> <u>MBA</u> No
College/University GPA: <u>A+</u>	Degree: <u>MBA</u> Major:
Post Graduate GPA: <u>A+</u>	Degree: <u>Fellowship / Neurology / Oncology</u> Major:
4. What are your career goals?	

PART 1C – PERSONAL CHARACTERISTICS

1. Math Skill Ability: <u>Good</u>
2. Mechanical Ability: <u>good</u>
3. Athletic Ability: <u>Excellent</u>
4. Musical Ability: <u>little</u>
5. Foreign Language Ability: <u>good</u>
6. Artistic Ability: <u>decent</u>
7. Special hobbies, talents and interests: <u>Reading books, writing articles</u>
8. Favorite Sport: <u>Cricket, hockey</u>
9. Favorite Food: <u>Paneer tikka masala</u>
10. Favorite Color: <u>Black</u>
11. Favorite Pet: <u>no pet</u>
12. Favorite Movie: <u>Gladiator, Troy</u>
13. Favorite Book or Author: <u>My country my life</u>
14. Favorite Music and/or Group(s): <u>Beatles, MLTR</u>
15. Where would you like to travel and why? <u>All over the world to learn about different cultures.</u>

Interviewer Comments: _____

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PART 1C - PERSONAL CHARACTERISTICS Cont'd

1. How would you describe your personality? very social, willing to help people

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 wanted to help some one have a baby because I am 31 and I have not had a baby so far

4. Who do you most admire and why? I admire my mother and father the most for having me, ~~the~~ giving me birth.

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: 1947 Place of Birth: INDIA Eye Color: BLACK Hair Color: BLACK

Describe Hair: Balding Thin Average ☒ Thick ☒ Curly Wavy ☒ Straight ☒ Height: 5'8 Weight: 160

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: lawyer Education: L.L.B

Special skills or characteristics: a very family oriented person

List any past or present significant health problems: _____

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

4. DONOR'S MOTHER

Yr of Birth: 1950 Place of Birth: INDIA Eye Color: BLACK Hair Color: Black

Describe Hair: Balding Thin Average ☒ Thick ☒ Curly Wavy ☒ Straight ☒ Height: 5'5' Weight: 120

Complexion: ☒ Fair ☒ Medium ☐ Olive ☐ Light/Brown ☐ Medium/Brown ☐ Dark/Brown Freckles: Yes ☐ No ☐

Bone Structure: ☒ Small ☐ Medium ☐ Large ☐ Very Large ☐ Vision: Excellent ☒ Good ☐ Fair ☐ Poor ☐

Occupation: Teacher Education: Master's in education

Special skills or characteristics: I lost my father at 9 yrs she is the only parent

List any past or present significant health problems: _____

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

LF Interviewer Comments: Father deceased age 44, result of Accident

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5. DONOR'S SIBLING <input checked="" type="radio"/> M <input type="radio"/> F		Half-Sibling <input type="checkbox"/>	Yr of Birth: <u>1983</u>	Eye Color: <u>BLACK</u>	Hair Color: <u>BLACK</u>
Describe Hair: Balding Thin Average <u>Thick</u> Curly Wavy <u>Straight</u>			Height: <u>57</u>	Weight: <u>175</u>	
Complexion: <u>Fair</u> <u>Medium</u> Olive Light/Brown Medium/Brown Dark/Brown			Freckles: Yes No		
Bone Structure: Small <u>Medium</u> Large Very Large			Vision: Excellent <u>Good</u> Fair Poor		
Occupation: <u>LEASING Manager</u>			Education: <u>MBA</u>		
Special skills or characteristics: <u>he is very smart a problem solver</u>					
List any past or present significant health problems:					
Is (s)he more (circle one in each column): <u>Optimistic</u> /Pessimistic <u>Assertive</u> /Passive <u>Leader</u> /Follower Easy Going/ <u>Controlling</u>					

6. DONOR'S SIBLING <input type="radio"/> M <input type="radio"/> 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					

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>INDIA</u>	<u>82</u>	<u>Black</u>	<u>Black</u>	<u>G</u> F P			<u>none</u>
MGF	<u>INDIA</u>	<u>—</u>	<u>11</u>	<u>Black</u>	G F P	<u>68</u>	<u>(family) on Accident</u>	<u>none</u>
PGM	<u>INDIA</u>	<u>—</u>	<u>11</u>	<u>11</u>	G F P	<u>78</u>	<u>NATURAL causes</u>	<u>none</u>
PGF	<u>INDIA</u>	<u>—</u>	<u>11</u>	<u>11</u>	G F P	<u>75</u>	<u>Accident on highway</u>	<u>none</u>

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

1. What is your general state of health?		<u>Excellent</u>	Good	Fair	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
Blood					Heart
					Stomach
					Intestines
					Kidney
					Bladder
					Nervous System
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: _____

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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 HospitalType 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.

Vitamin

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/_____

☒ 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:

Walker Jogger / he / 30 mins - Building up muscles

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?

If yes how many per day?

19. Do you drink coffee?

☐ Yes ☒ NoSometimes

If yes, how many cups per day?

How many alcoholic drinks do you consume in a week? _____ Per Month? _____

I don't drinkHave 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: _____

Donor ID# 030221. 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				
Herbicide Products				

PART 4 – DONOR AND FAMILY MEDICAL HISTORY

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

Sibling-Brother <u>✓1</u>	Aunt-Maternal <u>5</u>	Cousin-Maternal-Female <u>11</u>
Sibling-Sister _____	Aunt-Paternal <u>2</u>	Cousin-Maternal-Male <u>7</u>
Half-Brother _____	Uncle-Maternal <u>1</u>	Cousin-Paternal-Female <u>2</u>
Half-Sister _____	Uncle-Paternal <u>2</u>	Cousin-Paternal-Male <u>4</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 you or any of your family members.

check "No One" for each medical problem listed above which has not affected you

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

Interviewer Comments: _____

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	Medical Problem		Sibling				Grandparents				Aunts/Uncles		Cousins		
		You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
B	Skin Problems														
1	Adult Acne (not teen pimples)														✓
2	Eczema														✓
3	Psoriasis														✓
4	Skin Cancer (Melanoma)														✓
5	Skin Cancer (Basal Cell Carcinoma)														✓
6	Other Skin disorders														✓
C	Sight/Sound/Smell														
1	Deafness before age 60														✓
2	Significant hearing loss														✓
3	Deformity of the ear														✓
4	Strabismus														✓
5	Cataracts before age 60														✓
6	Macular Degeneration														✓
7	Blindness														✓
8	Color Blindness														✓
9	Glaucoma														✓
10	Anosmia (Lack of Smell)														✓
11	Other sight/sound/smell disorders														✓
D	Mental or Neurological														
1	Migraines														✓
2	Senility before 50														✓
3	Alzheimer's diseases (age of onset)														✓
4	Parkinson's														✓
5	Multiple sclerosis														✓
6	Cerebral palsy														✓
7	Autism/Mental Retardation														✓
8	Epilepsy or seizure														✓
9	Stroke														✓
10	Progressive Muscular Disorders														✓

Interviewer Comments: _____

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	Medical Problem	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
D	Mental or Neurological Cont'd														
11	Learning Difficulties/ Special Ed/Speech Delay														✓
12	Sleep Disorders						✓								
13	Attention Deficit Hyperactivity Disorder (ADHD)														✓
14	Hydrocephalus (Fluid on the brain)														✓
15	Disorder of the spinal cord														✓
16	Huntington's disease														✓
17	Degenerative Nerve Disorders														✓
18	Neurofibromatosis														✓
19	Neural tube defect														✓
20	Other diseases of the nervous system														
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														✓
2	Heart disease														✓
3	Heart attack (age of onset)														✓
4	High Cholesterol											✓			
5	High Blood Pressure											✓			
6	Cardiomyopathy														✓
7	Sudden Death														✓
F	Blood Problems	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
1	Anemia														✓
2	Sickle-Cell anemia														✓
3	Hemophilia or other bleeding problems														✓
4	Polycythemia														✓
5	Blood Clots														✓
6	Other blood disorder														✓
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														✓
2	Asthma														✓

Interviewer Comments:

MOM, difficulty sleeping 82 yopaternal uncle - 58 yo - poor diet, inactive per donor↑ chol HTN - Paternal UncleLF
QMI

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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		
G	Respiratory (Lungs) Cont'd													
3	Tuberculosis													✓
4	Lung cancer													✓
5	Emphysema or Chronic Lung Disease													✓
6	Other lung disease													✓
H	Metabolic, Endocrine, or Autoimmune													
1	Type I Diabetes (Insulin Dependent, Juvenile Onset)													✓
2	Type II Diabetes (Adult Onset)									✓				
2	Thyroid cancer													✓
3	Thyroid disease													✓
4	Goiter													✓
5	Adrenal dysfunction or disorder													✓
6	Other													✓
I	Gastro-intestinal Problems													
1	Ulcer or stomach or duodenum													✓
2	Gallstones													✓
3	Other liver disease													✓
4	Colon cancer													✓
5	Intestinal cancer													✓
6	Ulcerative colitis													✓
7	Crohn's disease													✓
8	Any other disease/problem of digestive system													✓
J	Urinary Problems													
1	Kidney disease													✓
2	Bladder Cancer													✓
3	Kidney Cancer													✓
4	Other disease of the Urinary tract (urethra, bladder, ureter)													✓
5	Other, including born with one kidney or kidney failure													✓

Interviewer Comments:

paternal uncle - 50 yo. type 2

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	Medical Problem	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	Aunts/Uncles A U	Cousins M F	None Known
K	Problems of the Genital or Reproductive System												
1	Abnormally placed urethra (Hypospadias)												✓
2	Premature Menopause or Ovarian Failure												✓
3	Fragile X Syndrome												✓
	Multiple Miscarriages												✓
3	Uterine fibroids												✓
4	Ovarian cysts												✓
5	Cancer of cervix, ovaries or uterus												✓
6	Ambiguous genitals (hermaphrodite)												✓
7	Other												
	Medical Problem												
M	Cancers												
1	Early onset cancer (before age 50)												✓
2	Breast cancer												✓
3	Ovarian Cancer												✓
4	Colon Cancer												✓
5	Lung Cancer												✓
6	Brain Cancer												✓
7	Prostate Cancer												✓
8	Pancreatic Cancer												✓
9	Leukemia												✓
10	Lymphoma												✓
11	Any family member with more than one type of cancer												✓
12	Other cancer (Describe)												✓
	Medical Problem												
L	Mental Health Problems												
1	Schizophrenia												✓
2	Manic-depressive illness (Bi-Polar)												✓
3	Other mental health disorder requiring hospitalization												✓
4	Severe depression with period of inability to function												✓

Interviewer Comments: _____

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N	Medical Problem	You	Sibling		Grandparents				Aunts/Uncles		Cousins		None Known
			M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	
1	Problems of the Muscle, Bones, or Joints												
1	Muscular dystrophy												✓
2	Degenerative Muscle Disorders												✓
3	Lupus												✓
4	Scoliosis												✓
5	Spina bifida												✓
6	Osteoporosis												✓
7	Arthritis (rheumatoid osteo, unknown type)												✓
8	Gout												✓
9	Other musculoskeletal disease												✓
10	Other chronic muscle disease												✓
O	Other Disorders												
1	Alcoholism												✓
2	Drug abuse, misuse, or addiction												✓
3	Tay-Sachs												✓
4	Canavan Disease												✓
5	Cystic Fibrosis												✓
6	Gaucher's disease												✓
7	Familial Dysautonomia												✓
8	Bloom syndrome												✓
9	Fanconi anemia group C												✓
10	Glycogen storage disease type 1a												✓
11	Maple syrup urine disease												✓
12	Mucopolidosis type IV												✓
13	Niemann-Pick disease												✓
14	Huntington's chorea												✓
15	Marfan's disease												✓
16	Gulliam-Barre												✓
17	Wilson's disease												✓
18	Adverse Reaction to Medications										✓		
19	Diagnosis of any known genetic syndrome												✓
20	Missing teeth (from birth)												✓
21	Any other condition not previously mentioned												

Interviewer Comments:

Maternal Uncle: Adverse reaction to Antibiotics (rash)