
DONOR MEDICAL AND SOCIAL HISTORY FORM

DONOR ID #: 0002

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#

C082

PART 1A - DONOR GENERAL AND PSYCHO-SOCIAL DESCRIPTION

1. Current Age: 31	2. Today's Date: 8/31/10	3. Place of Birth (State or Country only): Maine
4. Mo./Yr of Birth: 2/79	5. Height: 5'9.5"	6. Weight: 170
7. Eye Color: Blu	8. Hair Color: Brun	
9. Hair (circle that apply): Balding Thin <u>Average</u> Thick Curly Wavy Straight		10. Freckles: <u>None</u> Numerous Few
11. Skin Color: <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> Are there twins in your family? Yes <u>No</u> If yes are they: Identical Fraternal		
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>White (Jewish)</u> 2. <u>Russia</u> 3. 4.		
16. Father's Ethnicity: 1. <u>White (Jewish)</u> 2. <u>Russia</u> 3. 4.		
17. Circle any group from which you descend: <u>African Jewish</u> Mediterranean Irish American Middle Eastern Cajun French/Canadian		
If Jewish, please circle one of the following: Asian <u>Ashkenazi</u> Sephardic		

PART 1B - EDUCATION AND CAREER

1. Occupation: <u>Attorney</u>	2nd Occupation:
2. What was your high school GPA? <u>3.7</u>	3. Are you currently in college? Yes <u>No</u>
College/University GPA: <u>3.75</u> Degree: <u>Psych</u>	Major: <u>Psychology</u>
Post Graduate GPA: <u>3.25</u> Degree: <u>Law</u>	Major:
4. What are your career goals? <u>Lawyer - Public Interest</u>	

PART 1C - PERSONAL CHARACTERISTICS

1. Math Skill Ability: <u>Medium</u>
2. Mechanical Ability: <u>Good</u>
3. Athletic Ability: <u>Good</u>
4. Musical Ability: <u>Good</u>
5. Foreign Language Ability: <u>Low</u>
6. Artistic Ability: <u>Medium</u>
7. Special hobbies, talents and interests: <u>Rock climb, guitar, sing, read, act</u>
8. Favorite Sport: <u>Rock Climbing + Tennis</u>
9. Favorite Food: <u>Thai</u>
10. Favorite Color: <u>Turquoise</u>
11. Favorite Pet: <u>Dog</u>
12. Favorite Movie: <u>One Flew Over the Cuckoo's Nest</u>
13. Favorite Book or Author: <u>Hesse</u>
14. Favorite Music and/or Group(s): <u>Wilco, Beatles, Jaz</u>
15. Where would you like to travel and why? <u>Africa, for adventure and wildlife</u>

Interviewer Comments:

Donor ID#

6882

PART 1C - PERSONAL CHARACTERISTICS Cont'd

1. How would you describe your personality?

Compassionate, sensitive, extroverted

2. Do you consider yourself to be more:

☒ Analytical/Rational or ☐ Intuitive/Feeling☒ Extrovert or ☐ Introvert

Mother

3. Why do you want to be a donor?

Extra money and to help people who can't have children

4. Who do you most admire and why?

1. Thurgood Marshall for his civil rights work

2. Garrison Keillor for humor and great story telling

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: 1945 Place of Birth: NY

Eye Color: Brown Hair Color: Brown

Describe Hair: ☒ Balding ☐ Thin ☐ Average ☐ Thick ☐ Curly ☐ Wavy ☐ Straight Height: 6'0" Weight: 175Complexion: Fair Medium ☒ Olive ☒ Light/Brown Medium/Brown Dark/Brown Freckles: Yes NoBone Structure: Small ☒ Medium ☐ Large ☐ Very Large Vision: Excellent ☒ Good Fair Poor

Occupation: Physician Assistant Education: B.S. + P.A. C

Special skills or characteristics: Very outgoing, socially conscious, good sense of humor, active

List any past or present significant health problems: None

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

4. DONOR'S MOTHER

Yr of Birth: 1944 Place of Birth: NY

Eye Color: Hazel Hair Color: Brown

Describe Hair: Balding Thin ☒ Average ☐ Thick ☐ Curly ☐ Wavy ☐ Straight Height: 5'8" Weight: 140Complexion: ☒ Fair Medium ☐ Olive ☐ Light/Brown Medium/Brown Dark/Brown Freckles: Yes NoBone Structure: Small ☒ Medium ☐ Large ☐ Very Large Vision: Excellent ☒ Good Fair

Occupation: Nurse Education: B.A. + R.N.

Special skills or characteristics: Active, outgoing, socially conscious

List any past or present significant health problems: High blood pressure

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

Interviewer Comments:

M- ON MEDS FOR BLOOD PRESSURE.

Donor ID#

6002

5. DONOR'S SIBLING: M ☒ F ☐ Half-Sibling ☐ Yr of Birth: 1976 Eye Color: ~~Blu~~ Brn Hair Color: Brwn

Describe Hair: Balding Thin ☒ Average ☐ Thick ☐ Curly ☐ Wavy ☐ Straight Height: 5'9" Weight: 130

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: Pharma rep Education: B.S.

Special skills or characteristics: active and a go getter. Healthy

List any past or present significant health problems: None

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

6. DONOR'S SIBLING: M ☐ F ☐ Half-Sibling ☐ Yr of Birth: Eye Color: Hair Color:

Describe Hair: Balding Thin Average Thick Curly Wavy Straight Height: Weight:

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

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

Occupation: Education:

Special skills or characteristics:

List any past or present significant health problems:

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

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

	Place of Birth	Living/Age	Hair Color	Eye Color	Health Is:	Deceased/Age	Cause of Death	List any Health Problems:
MGM	NY		Brwn	Hbl	G F P	75	Heart disease	Heart, alcohol, liver problems, prostate
MGF	Russia NY			Blu	G F P	87	Hepatitis	Liver probs
PGM	NY			Drwn	G F P	60	Emphysema	Smoker, Lung probs
PGF	Russia			Blu	G F P	90	Natural causes	

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

1. What is your general state of health? Excellent ☒ Good ☐ Fair ☐ Poor ☐

2. Do you have any current problems with any of the following? ☒ No ☐ yes (circle all that apply):

Skin Mouth Ears Throat Breasts Lungs Heart Stomach Intestines Kidney Bladder Nervous System

Blood

☒ Eyes ☐ Bowel ☐ Liver ☐ Bones ☐ Muscles ☐ Blood Vessels ☐ Immune System ☐ Endocrine system

3. Have you ever been hospitalized? ☐ Yes ☒ No If yes, please explain:

Interviewer Comments:

Donor ID#

6882

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 ☐ Unsure6. Are you taking any non-prescription medications, including vitamins? ☐ No ☒ Yes Please list any you are currently taking and for how long.

Multivitamin, occasionally

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 Poor10. Are you: ☐ Nearsighted or ☐ Farsighted Your vision is: 20/ 25 ☒ Unsure11. Do you have any hearing problems? ☒ Yes ☐ No If yes, please explain: Mild loss from trauma12. What is the condition of your teeth? Excellent Good Fair Poor How is your diet? Good Fair Poor Vegetarian13. Do you exercise: 4 or more times per week 1-3 times per week Never/almost never14. Describe your exercise routine: Climb, run, some sports like tennis15. 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 ☒ Infrequently17. 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 ☐ No If yes, how many cups per day? 2 How many alcoholic drinks do you consume in a week? 4-8 Per Month? 12-24Have you ever had a major radiation exposure or x-ray exposure, including in your line of work? ☐ Yes ☒ No

If yes, please explain:

WF Interviewer Comments: 11) Slight hearing loss in one ear, years of playing in band next to horn section.

Donor ID#

C882

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

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#

6002

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)														
2	Eczema														
3	Psoriasis														
4	Skin Cancer (Melanoma)														
5	Skin Cancer (Basal Cell Carcinoma)														
6	Other Skin disorders														
C	Sight/Sound/Smell	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
1	Deafness before age 60														
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	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
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:

① M - basal cell, from sun exposure
 ② MGF - macular degeneration/glaucoma in 70's
 ③ MOM - stroke in 70's

Donor ID#

0002

Medical Problem		You		Sibling		Grandparents				Aunts/Uncles		Cousins		None Known
						Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	
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													
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													
1	Anemia													
2	Sickle-Cell anemia													
3	Hemophilia or other bleeding problems													
4	Polycythemia													
5	Blood Clots													
6	Other blood disorder													
G	Respiratory (Lungs)													
1	Hay Fever													
2	Asthma													

Interviewer Comments:

M - on meds / blood pressure
 F - mildly elevated cholesterol, controlled by diet no meds.
 MOM - deceased age 75 / heart disease + stroke
 sister - mild asthma when younger, grew out of it.

Donor ID#

0002

Medical Problem		You	M	F	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		None Known
G	Respiratory (Lungs) Cont'd						Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F			
3	Tuberculosis															X	
4	Lung cancer															X	
5	Emphysema or Chronic Lung Disease																
6	Other lung disease															X	
Medical Problem		You	M	F	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		None Known
H	Metabolic, Endocrine, or Autoimmune						Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F			
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		You	M	F	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		None Known
I	Gastro-intestinal Problems						Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F			
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		You	M	F	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		None Known
J	Urinary Problems						Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F			
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:

LF

POM - smoker unknown age of diagnosis Dr

Donor ID#

10002

	Medical Problem	You	M	F	Sibling	Maternal GM	Maternal GF	Paternal GM	Paternal GF	Aunts/Uncles	Cousins	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											
3	Multiple Miscarriages											
3	Uterine fibroids											
4	Ovarian cysts											
5	Cancer of cervix, ovaries or uterus											
6	Ambiguous genitals (hermaphrodite)											
7	Other											
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)											
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:

maternal cousin - diagnosed bi polar like teens, on meds
He is doing well, in college. very high-functioning.

Donor ID#

0002

N	Medical Problem Problems of the Muscle, Bones, or Joints	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							X
8	Gout															X
9	Other musculoskeletal disease															X
10	Other chronic muscle disease															X

O	Medical Problem Other Disorders	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	Mucopolipidosis 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:

MOM - osteoarthritis in 20's

MOM - heavy drinker