

Elite Fertility Solutions

Donor Questionnaire

PHYSICAL CHARACTERISTICS

THIS PAGE WILL BE VIEWED BY INTENDED PARENTS

YOUR NAME WILL BE REDACTED PRIOR TO BEING VIEWED BY THE INTENDED PARENT

_____ (for our record keeping only)

Marital Status: Single Partnered Married Divorced

Height _____ **Weight** _____ **Donor Date of Birth** _____

Recent weight loss/gain? ☐ Yes No **If yes** _____ **lbs loss** _____ **lbs gain** _____

Right Handed Left Handed Ambidextrous

Bone Structure: Petite Small Medium

Complexion: ☐ Fair ☐ Light ☐ Medium ☐ Olive ☐ Light Brown ☐ Dark Brown

Tan ability: ☐ None ☐ Easy Medium Dark

Skin Condition: ☐ Oily ☐ Medium ☐ Dry Combination **Dimples?** Yes No

Dimples Where?

Eye Color: Blue Brown Lt. Brown Dark Brown Green Hazel

Eye set: Narrow Average Wide

Eye Size: Small Average Large

Eye Shape: Round Oval Almond

Natural Hair Color: ☐ Light Blonde ☐ Medium Blonde ☐ Dark Blonde ☐ Light Brown

☐ Medium Brown ☐ Dark Brown ☐ Black ☐ Red ☐ Auburn

Hair Type: ☐ Curly Wavy Straight

Hair Texture: ☐ Fine Medium Coarse

Fullness: ☐ Thin Medium Thick

Have you had any periodontal or orthodontic work? ☐ Yes ☐ No **If Yes, at What Age and What Procedure?**

MEDICAL HISTORY THIS PAGE WILL BE VIEWED BY INTENDED PARENTS
--

Vision (without corrective lenses): ☐ Fair ☐ Good ☐ Excellent

Do you wear glasses or contacts, or have you had laser surgery? ☐ Yes ☐ No

If yes, are you: ☐ Nearsighted ☐ Farsighted ☐ Other (specify) _____

Prescription (If known): _____

Do you have any Allergies? ☐ Yes ☐ No

If yes, are they to: ☐ Food(s) ☐ Medical ☐ Environmental

Please list any allergies that you have outgrown: _____

For each allergy, describe specific substance, reaction(s), and treatment:

Substance: _____ Reaction(s): _____ Treatment: _____

Substance: _____ Reaction(s): _____ Treatment: _____

Substance: _____ Reaction(s): _____ Treatment: _____

Substance: _____ Reaction(s): _____ Treatment: _____

Exercise: ☐ None ☐ Occasional ☐ Regular **Type of Exercise:** _____

Diet: ☐ Non-vegetarian ☐ Vegetarian ☐ Vegan **Other - Please describe:** _____

Do you have any dietary restrictions? Yes No

What Restriction	Why?
-------------------------	-------------

What is your caffeine cup usage in a week? _____ Soda _____ Tea _____ Coffee _____ Energy Drinks

What best describes your alcohol consumption? ☐ Daily ☐ Occasionally ☐ Rarely ☐ Never

Please describe

MEDICAL HISTORY

THIS PAGE WILL BE VIEWED BY INTENDED PARENTS

Have you had any surgical procedures or hospitalizations? Yes No

Please Describe:

Type

Date

SEXUAL & CONTRACEPTIVE HISTORY

THIS PAGE WILL BE VIEWED BY INTENDED PARENTS

Sexual Orientation: ☐ Heterosexual ☐ Homosexual ☐ Bisexual Other _____

REPRODUCTIVE HISTORY

THIS PAGE WILL BE VIEWED BY INTENDED PARENTS

Have you ever been pregnant? ☐ Yes ☐ No

☐ Live Birth

☐ Ectopic Date(s): _____

☐ Miscarriage Date(s): _____

☐ Termination Date(s): _____

Donor # _____

REPRODUCTIVE HISTORY

THIS PAGE WILL BE VIEWED BY INTENDED PARENTS

CHILD(REN)	1	2	3	4	5
DOB					
Gender					
Eye Color					
Hair Color					
Complexion					
Additional Information					

FAMILY HISTORY

THIS PAGE WILL BE VIEWED BY INTENDED PARENTS

How many siblings are in your immediate family (including Half Siblings)? _____

Number of Brothers _____

Number of Sisters _____

Number of ½ Brothers _____

Number of ½ Sisters _____

Number of Maternal Aunts _____

Number of Maternal Uncles _____

Number of Paternal Aunts _____

Number of Paternal Uncles _____

Please provide the following information about your family:

	Intellectual/Academic Achievements	Artistic/ Athletic Achievements
Mother		
Father		
Sisters		
Brothers		

FAMILY GENETIC HISTORY

THIS PAGE WILL BE VIEWED BY INTENDED PARENTS

Carefully review the following list of medical problems and identify which ones you or one of your family members have had. Please consider each condition carefully for each family member. Explain any conditions you check below, indicating which side of the family (maternal or paternal), the age at the time of onset, and any other pertinent information.

	Eye Color	Hair Color	Complexion	Height	Weight	Bone Type	Occupation/ Education	Age if living	Age at time of death	Cause of death
Sister(s)										
Brother(s)										
Mother										
Father										
Maternal Grandmother										
Maternal Grandfather										
Paternal Grandmother										
Paternal Grandfather										

FAMILY GENETIC HISTORY

THIS PAGE WILL BE VIEWED BY INTENDED PARENTS

Carefully review the following list of medical problems and identify which ones you or one of your family members have had. Please consider each condition carefully for each family member. Explain any conditions you check below, indicating which side of the family (maternal or paternal), the age at the time of onset, and any other pertinent information.

	Eye Color	Hair Color	Complexion	Height	Weight	Bone Type	Occupation/ Education	Age if living	Age at time of death	Cause of death
Half Sister(s)										
Half Brother(s)										

FAMILY GENETIC HISTORY

THIS PAGE WILL BE VIEWED BY INTENDED PARENTS

	N o n e	Self	Mother	Father	Sibling	Grand- parents	Aunt/ Uncle	Cousin	Explanation (which side of family, age of onset, etc.)
CANCER									
Breast									
Colon or Intestinal									
Lung									
Ovarian or Uterine									
Prostate or Testicular									
Skin									
Stomach									
Thyroid									
Blood (e.g. leukemia)									
Other									
HEART									
Stroke									
Heart Attack									
Congenital Heart Disease									
Heart Disease or Defect									
Hardening of the Arteries									
High Blood Pressure									
High cholesterol level									

Carefully review the following list of medical problems and identify which ones you or one of your family members have had. Please consider each condition carefully for each family member. Explain any conditions you check below, indicating which side of the family (maternal or paternal), the age at the time of onset, and any other pertinent information.

FAMILY GENETIC HISTORY

THIS PAGE WILL BE VIEWED BY INTENDED PARENTS

	N o n e	Self	Mother	Father	Sibling	Grand- parents	Aunt/ Uncle	Cousin	Explanation (which side of family, age of onset, etc.)
BLOOD									
Anemia									
Sickle-Cell Anemia									
Factor V Leiden thrombophilia (Blood clots or strokes)									
Hemophilia or other Bleeding/Clotting Disorders such as Von Willebrand's Disease									
Immune Deficiency									
Leukemia									
Hodgkin a or non- Hodgkin lymphoma									
HIV									
Thalassemia									
Other Blood Disorder									
RESPIRATORY									
Asthma									
Hay Fever									
Emphysema									
Tuberculosis									
Pneumonia									
Other Lung Disease									

FAMILY GENETIC HISTORY

THIS PAGE WILL BE VIEWED BY INTENDED PARENTS

	N o n e	Self	Mother	Father	Sibling	Grand- parents	Aunt/ Uncle	Cousin	Explanation (which side of family, age of onset, etc.)
GASTRO-INTESTINAL									
Appendicitis									
Ulcer of Stomach or Duodenum									
Gallstones									
Hepatitis A, B, or C									
Cirrhosis of the Liver									
Other Liver Disease									
Ulcerative Colitis									
Crohns Disease									
Reflux									
Rectal Disorder									
Inflammatory Bowel Disease (IBS)									
Any other problem of the digestive system									
METABOLIC/ ENDOCRINE									
Diabetes requiring insulin therapy									
Diabetes <u>not</u> requiring insulin therapy									
Childhood Diabetes									
Thyroid disorder									
Goiter									
Hypoglycemia									
Adrenal Dysfunction or Disorder									
Graves Disease									
Obesity									

FAMILY GENETIC HISTORY

THIS PAGE WILL BE VIEWED BY INTENDED PARENTS

	N o n e	Self	Mother	Father	Sibling	Grand- parents	Aunt/ Uncle	Cousin	Explanation (which side of family, age of onset, etc.)
URINARY									
Kidney Problems									
Polycystic Kidney Disease									
Other disease/ defect of urinary tract (urethra, bladder, ureter)									
GENITAL/ REPRODUCTIVE									
Hermaphroditism/ Ambiguous Genitals									
Hypospadias or undescended testicle									
Uterine Fibroids									
Ovarian Cysts or Ruptured									
Lumps or Cysts in Breast or Discharge									
Polycystic Ovarian Syndrome (PCOS)									
Pelvic Inflammatory Disease (PID)									
Endometriosis									
REPRODUCTIVE OUTCOMES									
2 or more Miscarriages									
Stillborn									
Premature Menopause									
Death of a newborn infant									
Childhood death									
Birth defects									
Infertility									
Premature Birth									

FAMILY GENETIC HISTORY
THIS PAGE WILL BE VIEWED BY INTENDED PARENTS

	N o n e	Self	Mother	Father	Sibling	Grand- parents	Aunt/ Uncle	Cousin	Explanation (which side of family, age of onset, etc.)
NEUROLOGICAL									
Migraines									
Mentally Handicaped									
Senility or Mental Deterioration before age 50									
Multiple Sclerosis									
Cerebral Palsy									
Neurofibromatosis									
Epilepsy / Seizures									
Asperger's									
Autism									
Alzheimer's Disease/Dementia									
Hydrocephalus									
Tuberous Sclerosis									
Parkinson's Disease									
Huntington's or Wilson's Disease									
Tourette's syndrome									
Other diseases of the nervous system									

FAMILY GENETIC HISTORY

THIS PAGE WILL BE VIEWED BY INTENDED PARENTS

	N o n e	Self	Mother	Father	Sibling	Grand- parents	Aunt/ Uncle	Cousin	Explanation (which side of family, age of onset, etc.)
MENTAL HEALTH									
Anxiety/Panic Attacks									
Anorexia/Bulimia/other eating disorders									
Depression									
Schizophrenia									
ADD & ADHD									
Manic Depressive or Bipolar Disorder									
Other mental health disorder requiring hospitalization									
Suicide Attempt									
Other mental health problems that warranted counseling (please list)									
MUSCLE/BONE/JOINT									
Muscular Dystrophy									
Gout									
Osteogenesis imperfecta (brittle bone disease)									
Loss of Muscle Coordination									
Osteoporosis									
Marfan Syndrome									
Arthritis									
Rheumatoid or Juvenile Arthritis									
Spinal Muscular Atrophy									
Hereditary Low Back Disorder or Deformity of Spine									
Reiter's Disease									
Scoliosis									

FAMILY GENETIC HISTORY

THIS PAGE WILL BE VIEWED BY INTENDED PARENTS

	N o n e	Self	Mother	Father	Sibling	Grand- parents	Aunt/ Uncle	Cousin	Explanatio n (which side of family, age of onset, etc.)
Other Chronic Muscle Disease									
Lupus (systemic lupus erythematosus – SLE)									
SIGHT/SOUND/SMELL									
Deafness before age 60									
Blindness									
Cataracts before age 50									
Color Blindness									
Severe Myopia									
Glaucoma									
Retinoblastoma									
Retinitis Pigmentosa									
Deviated Septum									
Any other Sensory Disorder									
SKIN									
Acne									
Albinism									
Eczema									
Excessive Facial Hair (Hirsutism)									
Pigmentation Disorders									
Psoriasis									
Neurofibromatosis									
Lymphoma									
Infectious Skin Disease									

FAMILY GENETIC HISTORY

THIS PAGE WILL BE VIEWED BY INTENDED PARENTS

	N o n e	Self	Mother	Father	Sibling	Grand- parents	Aunt/ Uncle	Cousin	Explanation (which side of family, age of onset, etc.)
CONGENITAL ABNORMALITIES/ BIRTH DEFECTS									
Cleft Lip / Palate									
Congenital Hip Problems									
Club Feet									
Heart Defect									
Hearing Problems									
Spina Bifida -Neural Tube (open spine)									
Microcephaly									
Other									
CHROMOSOMAL ABNORMALITIES									
Down Syndrome									
Tay-Sachs									
Other (i.e. Turner, Fragile X, Klinefelter's etc.)									
OTHER									
Alcoholism									
Drug abuse, Misuse or Addiction									
Premature degeneration of any organ system									
Any other condition not mentioned above									

FAMILY ETHNIC HISTORY

THIS PAGE WILL BE VIEWED BY INTENDED PARENTS

Ethnic origin (e.g., French, Irish)

Mother: _____ Father: _____

Race: Check all that apply for your ancestors:

African American	MGM	MGF	PGM	PGF
Eastern European (Ashkenazi) Jewis, Russia Romania etc.	MGM	MGF	PGM	PGF
Central European (Hungary, Poland, Romanian Czech Republic) etc.	MGM	MGF	PGM	PGF
Mediterranean - Southern Europe (Greece, Italy, Portugal Spain) etc.	MGM	MGF	PGM	PGF
Western Europe (Germany, Ireland, UK, Switzerland) etc.	MGM	MGF	PGM	PGF
Hispanic	MGM	MGF	PGM	PGF
Middle Eastern	MGM	MGF	PGM	PGF
Asian (includes India)	MGM	MGF	PGM	PGF
Native American	MGM	MGF	PGM	PGF

Have you done any ancestry genetic testing? Yes No

Please explain:

(MGM=Maternal Grandmother, MGF=Maternal Grandfather; PGM=Paternal Grandmother, PGF=Paternal Grandfather)

PERSONAL HISTORY

THIS PAGE WILL BE VIEWED BY INTENDED PARENTS

Religion Born Into: _____ Religion Practiced: _____

Education

SAT: Did Take Did Not Take ACT: Did Take Did Not Take

SAT Max Score: 1600 2400

SAT Score: _____ ACT Score: _____

☐ High School☐ Some College☐ Completed college, degree in _____☐ Technical ☐ AA ☐ BA ☐ BS

GPA: _____

☐ Completed advanced, degree in _____☐ Masters ☐ Doctorate

GPA: _____

☐ Currently in college, pursuing degree in _____☐ Technical ☐ AA ☐ BA ☐ BS ☐ Master ☐ Doctorate

GPA: _____

Additional Information

How many languages do you speak? _____

Which one(s)? _____

Current Occupation _____

How long have you been at your current job? _____

PERSONAL HISTORY

THIS PAGE WILL BE VIEWED BY INTENDED PARENTS

What are your present and future professional goals?

Athletic Abilities? _____

Artistic Talents? _____

Musical Talent or Instrument? _____

Year's of Experience? _____

What is your favorite sport? _____

What is your favorite book? _____

What is your favorite food? _____

What is your favorite movie? _____

What is your favorite color? _____

Hobbies?

What are your academic strengths and weaknesses?

Other skills, talents, or interests (i.e. writing, reading, ability to do games or crossword puzzles, or handcrafts)?

PERSONAL HISTORY

THIS PAGE WILL BE VIEWED BY INTENDED PARENTS

Describe your personality, temperament, social abilities, and character:

Describe your personality and temperament as a child:

What was your favorite thing to do as a child?

Growing up as a child, what were you taught to value?

How were you in comparison to other children?

PERSONAL HISTORY

THIS PAGE WILL BE VIEWED BY INTENDED PARENTS

Describe your personality and temperament as a teenager:

Did you have any problems as a child and/ or as a teenager? Explain:

What were your ambitions/goals as a teenager?

What were your academic strength and weaknesses as a teenager?

List the 3 achievements you are most proud of:

PERSONAL HISTORY

THIS PAGE WILL BE VIEWED BY INTENDED PARENTS

What is one of your most memorable moments and why?

Who was the most important influence on you and why?

If you could change one thing about yourself, what would it be and why?

Is there a person alive or dead whom you admire and why?

What would you do on a “perfect” day if you could do anything you wanted?

PERSONAL HISTORY

THIS PAGE WILL BE VIEWED BY INTENDED PARENTS

Additional Information about yourself:

Reasons for wanting to donate eggs:

Donor # _____

PERSONAL HISTORY

THIS PAGE WILL BE VIEWED BY INTENDED PARENTS

If you could pass on a message to the recipient(s) of your eggs what would that message be?

If you could write a message to the child born through your participation as an egg or donor for when he/she turns 18 years old, what would you tell him/her?

Date Completed _____