

Prospective Egg Donor Questionnaire

This document will be completed entirely by you and will provide a personal history of yourself that will be viewed by the recipients. We ask that you answer each question as carefully and thoroughly as possible. All information requested is voluntary and will remain anonymous. This questionnaire will be viewed by recipients online but will exclude personal information such as your name, address, social security number, etc.

Donating your eggs is a caring and generous act given some risk and discomfort. Those couples who receive eggs feel deep gratitude and respect for the gift you are giving so willingly. Most recipient couples and their children want to know as much as possible about the medical history of the woman that made their family possible. Thank you for letting them know you a little better.

When submitting your completed personal history form, please include two recent photos of yourself. The photos will only be viewed by recipient families that have completed our interview process and have an id and password.

I certify that the following answers are truthful and accurate to the best of my knowledge, and that I have included all pertinent information.

Please check one of the following boxes:

I agree

I disagree

If possible, please sign. _____

RAI Number _____

Today's date _____

Egg Donor Personal Information

Name _____

Address _____

City, State, and Zip Code _____

Contact telephone numbers home _____ work _____

Cell _____

Email address _____

Date of birth _____

Social Security Number _____

How did you hear about our program? _____

Do you have insurance? Yes or No What is your deductible? _____

Married _____ Single _____ Single with relationship _____

If the Recipient family were to pay for your travel, would you be able and willing to make two trips? The first trip is usually one overnight and the second trip is 5-7 total days? Yes or No

Please submit five or six photos here.

Physical Characteristics

Age _____ Birth date _____ Height _____ Weight _____
Race _____ Ethnic background/decent of relatives _____ If Jewish, what type? _____
Place of birth _____ Religion born into _____ Religion practicing now _____
Are you adopted? Yes or No What famous person or celebrity do you look like? _____

Please complete the following questions regarding your physical characteristics.

Body type/bone structure – Small, Medium, or Large

Pants size

Hands – Right handed, left handed, or ambidextrous

Eyes – Color: Brown, Hazel, Green, or Blue

Eyes – Set: Narrow, Average, or Wide

Eyes – Size: Small, Average, or Large

Eyes – Shape: Round, Oval, or Almond

Eyes – Shade: Light, Medium, or Dark

Hair – Natural color: Blonde, Brown, Black, Red, and Other

Hair – Color as a child: Blonde, Brown, Black, Red, and Other

Hair – Shade: Light, Medium, or Dark

Hair – Type: Straight, Wavy, or Curly

Hair – Fullness: Thin, Medium, or Thick

Hair – Texture: Fine, Medium, or Course

Nose – Size: Small, Medium, or Large

Nose – Width: Narrow, Average, or Wide

Nose – Length: Short, Average, or Long

Nose – Nostril Flare: Small, Average, or Wide

Cheekbones – Set: Low, Average, or High

Cheekbones – Prominence: Slight, Medium, or Strong

Mouth – Size: Small, Average, or Large

Mouth – Lips: Thin, Average, or Full

Chin – Shape: Square, Oval, or Round

Chin – Prominence: Slight, Average, or Strong

Chin – Cleft: None, Slight, Medium, or Strong

Skin – Tone: Light, Med-light, Medium, Med-dark, or Dark

Skin – Tan ability: None, Slight, Medium, or Easy

Skin – Condition: Oily, Medium, Dry, or Combination

Skin – Acne: None, Slight, Medium, Severe, and what age started

Other facial features – Moles: None, One, Several, and Numerous

Other facial features – Freckles: None, Several, Moderate, or Numerous

Other facial features – Dimples: None, Slight, Medium, or Deep

Eye Sight – Vision: Normal, Far-sighted, Near-sighted

Eye Sight – Glasses: None, Single, Bifocal, or Trifocal

Eye Sight – Astigmatism: Yes or No and age diagnosed

Dental – Device: None, Braces, Retainer, or Other

Dental – Reason: Cosmetic, Accident, Disease, or Other

Dental – Age during use _____ to _____ years of age

Other – Please list reason and cause.

Family Health History

Please describe the physical characteristics of your family members including eye color, natural hair color, complexion, height, weight, and body type. Also, please use this section to complete the health history of your family. Please put their age if living, age at death, any medical problems, and if dead then cause of death.

Example – Mother, blue eyes, blonde hair, light, 5’2”, 120, medium, 62 living , no medical problems.

Mother including: eye color, natural hair color, complexion, height, weight, body type, age – living or dead, medical problems, and cause of death if applicable.

Father including: eye color, natural hair color, complexion, height, weight, body type, age – living or dead, medical problems, and cause of death if applicable.

Sister 1 including: eye color, natural hair color, complexion, height, weight, body type, age – living or dead, medical problems, and cause of death if applicable.

Sister 2 including: eye color, natural hair color, complexion, height, weight, body type, age – living or dead, medical problems, and cause of death if applicable.

Sister 3 including: eye color, natural hair color, complexion, height, weight, body type, age – living or dead, medical problems, and cause of death if applicable.

Brother 1 including: eye color, natural hair color, complexion, height, weight, body type, age – living or dead, medical problems, and cause of death if applicable.

Brother 2 including: eye color, natural hair color, complexion, height, weight, body type, age – living or dead, medical problems, and cause of death if applicable.

Brother 3 including: eye color, natural hair color, complexion, height, weight, body type, age – living or dead, medical problems, and cause of death if applicable.

Maternal Grandmother including: eye color, natural hair color, complexion, height, weight, body type, age – living or dead, medical problems, and cause of death if applicable.

Maternal Grandfather including: eye color, natural hair color, complexion, height, weight, body type, age – living or dead, medical problems, and cause of death if applicable.

Paternal Grandmother including: eye color, natural hair color, complexion, height, weight, body type, age – living or dead, medical problems, and cause of death if applicable.

Paternal Grandfather including: eye color, natural hair color, complexion, height, weight, body type, age – living or dead, medical problems, and cause of death if applicable.

Mother's Sister 1 including: eye color, natural hair color, complexion, height, weight, body type, age – living or dead, medical problems, and cause of death if applicable.

Mother's Sister 2 including: eye color, natural hair color, complexion, height, weight, body type, age – living or dead, medical problems, and cause of death if applicable.

Mother's Sister 3 including: eye color, natural hair color, complexion, height, weight, body type, age – living or dead, medical problems, and cause of death if applicable.

Mother's Brother 1 including: eye color, natural hair color, complexion, height, weight, body type, age – living or dead, medical problems, and cause of death if applicable.

Mother's Brother 2 including: eye color, natural hair color, complexion, height, weight, body type, age – living or dead, medical problems, and cause of death if applicable.

Mother's Brother 3 including: eye color, natural hair color, complexion, height, weight, body type, age – living or dead, medical problems, and cause of death if applicable.

Father's Sister 1 including: eye color, natural hair color, complexion, height, weight, body type, age – living or dead, medical problems, and cause of death if applicable.

Father's Sister 2 including: eye color, natural hair color, complexion, height, weight, body type, age – living or dead, medical problems, and cause of death if applicable.

Father's Sister 3 including: eye color, natural hair color, complexion, height, weight, body type, age – living or dead, medical problems, and cause of death if applicable.

Father's Brother 1 including: eye color, natural hair color, complexion, height, weight, body type, age – living or dead, medical problems, and cause of death if applicable.

Father's Brother 2 including: eye color, natural hair color, complexion, height, weight, body type, age – living or dead, medical problems, and cause of death if applicable.

Father's Brother 3 including: eye color, natural hair color, complexion, height, weight, body type, age – living or dead, medical problems, and cause of death if applicable.

Child 1 including: eye color, natural hair color, complexion, height, weight, body type, age – living or dead, medical problems, and cause of death if applicable.

Child 2 including: eye color, natural hair color, complexion, height, weight, body type, age – living or dead, medical problems, and cause of death if applicable.

Child 3 including: eye color, natural hair color, complexion, height, weight, body type, age – living or dead, medical problems, and cause of death if applicable.

Child 4 including: eye color, natural hair color, complexion, height, weight, body type, age – living or dead, medical problems, and cause of death if applicable.

Personal Characteristics

Education

Completed grade school _____ Completed high school _____ GPA _____

Currently in college _____ Year in college _____ Pursuing a degree in _____ SAT _____

Completed college _____ Degree in _____ ACT _____

Currently pursuing an advanced degree _____ Degree in _____

Completed an advanced degree in _____ Year _____

Current job title _____

Languages Speak _____

Read _____

Write _____

Athletic Activity: Athletic, Active, Average, or Inactive

What physical activities do you engage in? _____

Have you excelled in any physical activities? _____

Manual Dexterity: Dexterous, Average, or Clumsy

What manual skills do you have? _____

What have been your achievements as an adult? _____

What other skills or talents do you have? (ie writing, poetry, painting, crafts) _____

Musical ability: Musical, Average, or Tone deaf

Voice: Alto, Soprano, Tenor, Baritone, or Bass

Instrument _____ Years of experience _____

Other _____ Years of experience _____

Reproductive History

What is your sexual orientation, Heterosexual or Homosexual?

Age of first menstrual cycle?

Are your cycles regular?

Average length of each cycle? (first day of your period to start of next period)

How many days does your period last?

Have you ever been told you were infertile?

What methods of birth control are you using?

What methods of birth control have you used?

Have you ever donated eggs before? If yes, when and where?

How many sexual partners have you had in the last year? Last 6 months?

Ever been pregnant? When?

Ever had a miscarriage? When?

Ever had an abortion? When?

Ever had a child born stillborn? When?

Did your mother take DES while she was pregnant with you?

Medical History

Allergies (food, pollen, bee stings, medications)

Blood type, if known

Describe childhood allergies you have outgrown.

Do you have any medical illnesses (ie asthma, diabetes, seizures, disorders)?

What are your bleeding tendencies? Do you have frequent nose bleeds? Bleeding gums when you brush your teeth? Menstrual periods with blood clots?

Type of birth control used now?

Type of birth control used in the past? How long ago?

List all drugs either prescription or non-prescription that you take?

Any other medications taken in the last 5 years?

Do you smoke? How much?

Do you consume alcohol? How much and how often?

Have you ever used mind-altering drugs such as marijuana, LSD, heroin, or cocaine?
If yes, please give details and state last date used?

Have you been sexually active during the last 6 months?

Are you currently sexually active?

Are you in a monogamous relationship? If no, how many partners have you been sexually active with over the past 6 months? Past year?

Have you or a partner ever had a sexually transmitted disease (ie gonorrhea, syphilis, herpes, Chlamydia)?

Describe your diagnosis, year, and treatment?

Have you received a blood transfusion within the last 12 months?

Have you donated blood? Last date donated?

Have you been exposed to radiation or toxic chemicals in your work or personal life?

Have you received a bite from an animal suspect for rabies within the last 6 months?

Have you ever had eye surgery? If yes, describe?

Have you ever been told of any gynecological problems (ie fibroids, cyst, endometriosis, or abnormal Pap smears)?

Have you ever received treatment by pituitary-derived human growth hormone?

Family Health History

Please read the following list of medical problems and indicate which ones you or one of your relatives including any aunts, uncles, cousins, mother, father, siblings, children, grandparents, or great-grandparents have or had.

Medical Condition	You or other family member	Relationship (i.e. brother, paternal grandmother)	Age of diagnosis	Details of diagnosis and treatment
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Heart

- A. Stroke
- B. Heart attack
- C. Heart disease
- D. Hardening of the arteries
- E. High blood pressure
- F. Heart condition from birth
- G. Congenital heart disease or defect

Blood

- A. Anemia
- B. Sickle-cell anemia
- C. Hemophilia or other bleeding tendency
- D. Leukemia
- E. Immune deficiency
- F. Polyarteritis nodosa
- G. Severe bleeding tendency
- H. Other blood disorder

Respiratory (Lungs)

- A. Asthma
- B. Emphysema
- C. Tuberculosis
- D. Lung cancer
- E. Hay fever
- F. Pneumonia
- G. Cystic Fibrosis
- H. Alpha-1 antitrypsin disorder

I. Other lung disease

Gastrointestinal

- A. Ulcer of stomach/duodenum
- B. Gallstones
- C. Hepatitis A
- D. Hepatitis B
- E. Other liver disease
- F. Cirrhosis
- G. Colon cancer
- H. Ulcerative colitis
- I. Crohn's disease
- J. Intestinal cancer
- K. Pyloric stenosis
- L. Any other cancer or digestive problem
- M. Inflammatory bowel disease
- N. Rectal disorder

Metabolic/Endocrine

- A. Diabetes mellitus requiring insulin
- B. Diabetes mellitus not requiring insulin
- C. Hypoglycemia
- D. Thyroid cancer
- E. Thyroid disease
- F. Goiter
- G. Adrenal dysfunction or disorder
- H. Hyperactivity
- I. PKU or inherited metabolism disorder

Urinary

- A. Kidney disease
- B. Polycystic kidney disease
- C. Other disease of urinary tract, urethra, or ureter

Genital/Reproductive

- A. Undescended testicle
- B. Hypospadias
- C. Prostate cancer
- D. Uterine fibroids
- E. Ovarian cysts
- F. Cancer of cervix, ovaries, or uterus
- G. Miscarriages or

child born stillborn

H. Herpes simplex

virus, genital

I. Other genital

condition

Neurological

A. Migraines

B. Mental retardation

C. Dementia before

age 50

D. Multiple sclerosis

E. Cerebral palsy

F. Epilepsy

G. Hydrocephalus

H. Disorder of spinal

cord

I. Huntington's chorea

J. Mental retardation

K. Senility or mental

deterioration before

age 60

L. Epilepsy or seizures

M. Neural tube defects

N. Gaucher's disease

O. Wilson's disease

P. Creutzfeldt Jacob

Disease

Q. Alzheimer's

disease

R. Parkinson

S. Down's

syndrome/mongolism

T. Tuberos sclerosis

U. Neurofibromatosis

V. Myasthenia gravis

W. Other disease of

nervous system

Mental Health

A. Schizophrenia

B. Manic

depressive/bi-polar

C. Depression

D. Other mental health

disorder

Muscles/Bones/Joints

A. Muscular

dystrophy

B. Other chronic

muscle disorder

C. Loss of muscle

coordination

- D. Spinal muscular atrophy
- E. Systemic lupus
- F. Deformity of spine
- G. Osteoporosis
- H. Dwarfism
- I. Hereditary low back disorder
- J. Rheumatoid disorder
- K. Arthritis
- L. Gout
- M. Reiter's disease
- N. Club foot
- O. Metabolic bone disease

Sight/Sound/Smell

- A. Deafness before age 60
- B. Deformity of the ear
- C. Cataracts before age 50
- D. Blindness
- E. Color blindness
- F. Glaucoma
- G. Deviated septum,
- H. Other sight/sound/smell disorder

Skin

- A. Acne
- B. Eczema
- C. Skin cancer
- D. Pigmentation disorder
- E. Psoriasis
- F. Albinism
- G. Infectious skin disease
- H. Numerous lumps under the skin
- I. More than 5 purple or coffee colored spots on the skin
- J. Other disorders of the skin

Other

- A. Alcoholism
- B. Drug abuse, misuse, or addiction

- C. Breast cancer
- D. Any other cancer not mentioned
- E. Cleft palate or lip
- F. Serious birth defects
- G. Inguinal hernia
- H. Early death before age 50
- I. Sarcoidosis
- J. Premature degeneration of any organ system
- K. The same cancer in more than one family member
- L. Fragile X
- M. Eating disorders (i.e. bulimia or anorexia)
- N. Unexplained fevers within last 3 months
- N. Any other condition not mentioned

Has any member of your family, including yourself, had a problem or defect at birth of any of the following body systems? If yes, then what birth defect, who, when did it happen, and what were the relevant circumstances?

- A. Bones, muscles, joints, or limbs
- B. Gastrointestinal system
- C. Nervous system, brain, or spinal cord
- D. Blood circulation
- E. Respiratory system
- F. Organ (i.e. heart, lung, kidney, etc)
- G. Genital urinary
- H. Metabolic hormones, enzymes, etc.

Do you have any brothers or sisters who died in infancy or childhood? If yes, what was the cause?

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

Has anyone in your family, including yourself, experienced recurring and/or chronic physical symptoms that have not been evaluated by a physician? If yes, please explain.

List any operations including year and reason.

Hospitalization other than surgery including year and type of illness.

Have you ever had any broken bones? Please describe.

Have you ever had any serious illness? Please describe.

How many days in the past 12 months could you not work because of an illness (i.e. cold, flu, accidents, surgery, etc)? Please describe.

Are you presently under a physician's care for any reason? Please describe.

Please list all medications your take including prescription and non-prescription. Please include drug, frequency, duration taken, and reason.

Usual weight? Have you had a recent loss or gain? Please give number of pounds and reason.

Have you been vaccinated for any reason in the past 12 months? Please describe.

Have you ever had any exposure to chemicals, drugs, or gases? Please describe.

Have you traveled outside the US (except Canada) in the past three years? If yes, when and why.

Have you had a fever with headache in the last seven days? If yes, when and why.

Have you ever been tested for HIV or AIDS? If yes, when, reason, and test results.

Have you ever or your sexual partners had any sexually transmitted diseases? If yes, please explain.

Have you ever been convicted of a felony? If yes, please explain.

Have you ever had a tattoo? If yes, what year.

Have you ever had your ears or body pierced? If yes, where and what year.

Describe your diet.

Do you exercise on a regular basis? If yes, describe.

Do you sleep well? If no, please describe.

Your Childhood

Describe yourself as a child? (i.e. personality, health, happiness, etc.)

What was it like growing up in your family?

What religion did you belong as a child?

What is your earliest memory as a child?

What problems did you have as a child? (i.e. health, allergies, learning, social, etc.)

What is your mother's occupation and highest level of education?

What is your father's occupation and highest level of education?

What is your sibling's occupation and highest level of education?

When I was a Child:

My favorite thing to do was:

At home I was expected to:

My parents were strict about:

My parents taught me to value:

What I loved most about my father was:

What I loved most about my mother was:

My favorite relatives were:

I loved to visit:

In comparison to others I was:

Your Teenage Years:

Describe yourself as a teenager.

Describe your achievements.

Did you do poorly at anything?

Did you have problems as a teenager? (i.e. health, acne, social, educational, etc.)

What was your favorite subject in school?

What do you hope to achieve by volunteering in the egg donor program? (i.e. emotionally and financially)

What message would you like to pass on to the recipient family?

What helped you decide to become an egg donor?

How would you describe yourself? Please include a description of your personality and temperament.

Describe your philosophy of life.

The most important people in my life are and why?

The person who provides me the most support in my life is and why?

Who do you aspire to be or are most influenced by? (i.e. historical figures, family members, etc.)

What is your favorite music group or singer?

What is your favorite book and movie?

What are some of your favorite things you might collect? (i.e. favorite flower, music, animals, etc.)

Tell us something fun about yourself that we have not asked?

What do you see yourself doing in the next 5 years? 10 years?

What would you like your recipient family to know about you that has not already been asked?

I understand the commitment that I am making with Reproductive Assistance Inc. and agree to the process.

I agree

I do not agree

If you do not agree to our policies and procedures, we can not accept you as a representative of our company.

NOTES: