

AD # _____

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EGG DONOR PROFILE

AD # _____
 (to be assigned by NEFI)

General Information

1. Today's Date: _____ 2. Age: _____
3. Race (circle all that apply): Caucasian African American/Black Asian Hispanic Other: _____
4. Religion: _____ 5. Place of Birth: _____
6. Height: _____ 7. Weight: _____
8. Eye Color: _____ 9. Hair Color: _____
10. Blood Type: _____ 11. Hair Texture: _____
12. Build: _____ 13. Skin Tone: _____
14. Are you predominantly right handed, left handed or ambidextrous? (circle one)
15. Please list any distinguishing features (for example dimples, cleft chin, full lips, high cheek bones, etc.).
- _____

16. What are your parents' ethnic origins? (Please check where applicable)

Ethnic Origin	Mother	Father
Southeast Asia, Taiwan, China or the Philippines? Please specify country: _____		
Italy, Greece, or the Middle East? Please specify country: _____		
Africa or African-American (Black)? Please specify country: _____		
Central Eastern Europe (Ashkenazi) Jewish? Please specify country: _____		
Cajun or French Canadian? Please specify country: _____		

17. Were you or either of your parents adopted? Yes No
18. What is your marital status? _____

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Education

19. Please circle the highest level of education attained. Please note if you are currently a student.

High School	1	2	3	4	5+	Degree: _____	G.P.A.: _____
College/University	1	2	3	4	5+	Major: _____	
Post Graduate	1	2	3	4	5+	Degree: _____	G.P.A.: _____
						Area of Study: _____	

Employment

20. Please list your last three jobs. Do not include places of employment.

<u>Position</u>	<u>Duties</u>	<u>Employment Dates</u>	<u>Salary</u>
1. _____			
2. _____			
3. _____			

21. Have you ever been exposed to any toxic chemicals or radiation? Yes No
If yes, please explain: _____

Additional Information

22. Have you and/or your husband/partner ever:

- a. Filed for bankruptcy? Yes No
 - b. Been in a psychiatric facility? Yes No
 - c. Been arrested (i.e. drunk driving, theft)? Yes No
 - d. Been involved in any legal cases? Yes No
 - e. Been in a substance abuse program? Yes No
 - f. Have you been in juvenile detention, lockup, jail, or prison for more than 72 consecutive hours in the last year? Yes No
 - g. If you answered yes to any of the questions above, please explain. _____
-
-

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Health Information

23. Do you have any allergies? Yes No

a. If yes, please list the specific substances/foods/medications and any reactions produced.

1. _____

2. _____

3. _____

4. _____

24. Please list any current or past illnesses/medical problems. _____

25. Are you currently taking any prescription or over the counter medications? Yes No

a. If yes, please specify the medications and dosages. _____

26. Have you ever had surgery? Yes No

a. If yes, please list all surgeries including reasons and dates.

1. _____

2. _____

3. _____

4. _____

27. Have you had any hospitalizations or major illnesses not already mentioned? Yes No

a. If yes, please explain. _____

28. Do you wear corrective lenses? Yes No

29. How is your vision (without corrective lenses)? _____

30. Do you have any hearing impairments? _____

31. What is the condition of your teeth? _____

32. Do you have any dietary restrictions? _____

33. Do you take any dietary supplements (vitamins, etc.)? _____

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34. How much and what type of exercise do you get? _____

35. Do you smoke and/or use any other form of tobacco? Yes No
a. If yes, how much and for how long? _____

36. Do you drink alcoholic beverages? Yes No
a. If yes, how much and how often (i.e. number of drinks per day/week)? _____

37. Have you ever used illegal drugs (for example heroin, ecstasy, cocaine, etc.)? Yes No
a. If yes, what drugs and how often? _____

Sexual/Reproductive History

38. At what age did you begin menstruating? _____

39. Do you have regular periods? Yes No

40. When was your last pap smear? _____

41. Did your mother take DES while she was pregnant? Yes No

42. Have you ever been pregnant? Yes No
a. If yes, please complete the following.
 Number of pregnancies _____
 Number of live births _____
 Number of abortions _____
 Number of miscarriages _____
 Number of ectopic pregnancies _____
 Number of stillbirths _____
 Number of children given up for adoption _____

43. What is your sexual orientation? _____

44. How many sexual partners have you had? _____ How many in the last year? _____

45. Do you practice safe sex? Yes No
a. If yes, please explain what you do. _____

46. What is your present form of birth control? _____

47. Have you ever been treated for a sexually transmitted disease (for example genital warts, herpes, gonorrhea, chlamydia, syphilis, etc.)? Yes No
a. If yes, please explain. _____

48. Have you ever experienced any of the following sexual traumas?
 _____ Rape
 _____ Sexual molestation
 _____ Incest
 _____ Sexual harassment

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Please explain the circumstances of any sexual traumas that you experienced. _____

49. Have you ever had any of the following reproductive problems? Please check all that apply.

- Endometriosis
- Amenorrhea (no menstrual periods)
- Irregular menstrual periods
- Pelvic inflammatory disease
- Endocrine dysfunction (for example thyroid, adrenal or pituitary problems)
- Tubal disease (for example adhesions/scar tissue or blockages)
- Trouble conceiving
- Other (Please explain: _____)

Family/Genetic History

50. Please complete all relevant sections of the following table.

<u>Family Member</u>	<u>Age</u>	<u>Natural Hair Color</u>	<u>Eye Color</u>	<u>Height and Weight</u>	<u>Occupation (prior to retirement)</u>	<u>If Deceased: -Age -Cause</u>	<u>Health Status</u>
Father							
Mother							
Brother(s)							
Sister(s)							
Son(s)							
Daughter(s)							
Father's							

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Father							
Father's Mother							
Mother's Father							
Mother's Mother							

51. Please indicate (with a checkmark) any of the following medical conditions that you and/or your family members have had. If neither you nor any of your family members are/were affected by the conditions below, please check the box marked "No One".

<i>Medical Condition</i>	<u>You</u>	<u>Mother</u>	<u>Father</u>	<u>Sibling</u>	<u>Other</u>	<u>No One</u>
<u>Heart</u>						
heart disease/defect						
1. from birth						
2. other						
heart attack						
stroke						
blood clots						
mitral valve prolapse						
	<u>You</u>	<u>Mother</u>	<u>Father</u>	<u>Sibling</u>	<u>Other</u>	<u>No One</u>
hardening of the arteries						
high blood pressure						
high cholesterol						
other heart condition						
<u>Blood</u>						
anemia						
sickle cell anemia						
thalassemia (aka Cooley's or Mediterranean anemia)						
hemophilia or other bleeding problem						
leukemia/lymphoma						
immune deficiency						
hemochromatosis						
other blood disorder						
<u>Respiratory (Lungs)</u>						
hay fever/allergies						
asthma						
emphysema						
tuberculosis						
lung cancer						
pneumonia						
cystic fibrosis						
other respiratory condition						
<u>Skin</u>						
acne						
eczema						
psoriasis						
skin cancer/melanoma						
skin discoloration (i.e. albino or light/dark patches)						
neurofibromatosis (aka Von Recklinghausen disease)						
other skin condition						

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Urinary						
kidney disease						
missing/extra kidney						
kidney cancer						
bladder cancer						
other urinary condition						
Gastrointestinal						
ulcers						
Medical Condition	You	Mother	Father	Sibling	Other	No One
gallstones						
hepatitis A, B or C						
other liver disease						
colon/intestinal cancer						
ulcerative colitis						
Crohn's disease						
Hirschsprung disease						
pyloric stenosis						
other gastrointestinal condition						
Genital/Reproductive						
undescended testicle(s)						
hypospadias						
	You	Mother	Father	Sibling	Other	No One
ambiguous genitalia						
hermaphrodite						
2 or more miscarriages						
stillbirth						
infant/childhood death						
multiple births (i.e. twins, triplets)						
infertility						
prostate cancer						
ovarian cancer						
cervical cancer						
breast cancer						
uterine cancer						
uterine fibroids						
ovarian cysts						
other genital/reproductive disorder						
Metabolic/Endocrine						
diabetes						
hypoglycemia						
thyroid cancer						
thyroid disease (i.e. Hashimoto's, under/overactive)						
goiter						
adrenal dysfunction						
other metabolic/endocrine disorder						
Neurological						
migraines						
mental retardation						
Fragile X syndrome						
autism						
learning disability						
hyperactivity/ADD/ADHD						

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senility before age 50						
Alzheimer disease						
multiple sclerosis						
cerebral palsy						
epilepsy or seizures						
water on the brain (aka hydrocephalus)						
spina bifida (aka neural tube defect)						
Huntington disease						
Parkinson disease						
<u>Medical Condition</u>	<u>You</u>	<u>Mother</u>	<u>Father</u>	<u>Sibling</u>	<u>Other</u>	<u>No One</u>
Tourette syndrome						
other neurological condition						
<u>Mental Health</u>						
schizophrenia						
bipolar disorder						
depression						
disorders requiring hospitalization						
nervous breakdown						
suicide attempt						
psychiatric medications						
anxiety/panic attacks						
	<u>You</u>	<u>Mother</u>	<u>Father</u>	<u>Sibling</u>	<u>Other</u>	<u>No One</u>
phobia						
eating disorder						
psychotherapy/counseling						
drug abuse/addiction						
alcoholism						
other mental health condition						
<u>Muscles/Bones/Joints</u>						
muscular dystrophy						
lupus						
osteoporosis						
scoliosis						
dwarfism						
arthritis						
gout						
hip problems from birth						
clubfeet						
other muscle/bone/joint disorder						
<u>Sight/Sound/Smell</u>						
deafness before age 60 or hearing problems						
ear deformity						
cataracts before age 50						
blindness						
glaucoma						
color blindness						
corrective lenses/glasses						
other sight/sound/smell disorder						
<u>Chromosome Abnormality</u>						
Down syndrome						
Turner syndrome						
Klinefelter syndrome						

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chromosome rearrangement (i.e. translocation, inversion)						
other chromosome abnormality						
Other						
cleft lip (aka harelip) and/or cleft palate						
any cancer not listed						
other birth defects not listed						
other genetic/hereditary conditions not listed						

Personality/Interests

52. Please describe your personality and character. _____

53. What are your interests, hobbies and talents? _____

54. Do you have musical skills? Yes No
a. If yes, what are they? _____

55. Do you have other artistic talents? Yes No
a. If yes, please elaborate. _____

56. Do you have athletic ability? Yes No
a. If yes, please elaborate. _____

57. Do you have any pets? Yes No
a. If yes, what are they? _____

58. Do you speak any other languages? Yes No
a. If yes, what are they? _____

59. What are your future goals and aspirations? _____

60. What are you proud of? _____

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61. What do you value the most? _____

62. What do you dislike? _____

63. What were your best subjects in school? _____

64. What is your favorite...

Book _____

Movie _____

Music _____

Food _____

Color _____

Season _____

Holiday _____

Sport(s) _____

School subject(s) _____

TV program _____

Childhood memory _____

65. What is the funniest thing that ever happened to you? _____

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66. Please describe your relationships with your mother, father and siblings during childhood and now. Please include descriptions of your family members' personalities and any specific conflicts/problems.

Philosophy About Egg Donation

67. Why do you want to be an egg donor? _____

68. How many times do you think you want to donate? _____

69. What do you want to say to the couple who will receive your eggs? _____

70. What does it mean to you to donate your eggs? _____

71. Who owns the eggs that you would be donating? (Please describe your belief fully.) _____

72. Would you want to know if a pregnancy resulted from your egg donation? Yes No
Please explain. _____

73. Would you want to know if a miscarriage occurred? Yes No
Please explain. _____

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74. Would you want to know if a child was born as a result of your egg donation? Yes No
Please explain. _____

75. If a child is born from your eggs, what is your relationship to that child? _____

76. How much would you think of the child/children in the coming years? _____

77. Do you understand that the NEFI egg donation process is anonymous, meaning that you will receive no information regarding the identities of the recipients nor will they receive any identifying information regarding you?
Yes No
a. Do you have any objections to/concerns regarding an anonymous donation? _____

78. Would you be willing to meet the child/children in the future if they wanted to know about their genetic roots?
Yes No

79. Are you willing to contact New England Fertility Institute if you become aware of any genetic conditions in your family? Yes No

80. Do you have any concerns about becoming an egg donor? Yes No
a. If yes, please explain. _____

81. Who have you told about your plans/desire to become an egg donor? _____

82. What was their reaction? _____

83. Will you tell your parents? Yes No
a. Why or why not? _____

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84. If you are married or in a significant relationship, is your spouse or significant other supportive of your intention to become an egg donor? Yes No

a. Please explain your spouse/significant other's attitude regarding your potential donation. _____

85. Who will be your support system during the egg donation process? _____

86. Please explain the kind of support that they will offer. _____

87. Do you (and your partner, if applicable) understand that you must agree to abstain from sexual activity while undergoing medical treatment for the purpose of egg donation? Yes No

88. Are you registered as an egg donor with another agency or clinic? Yes No
a. If yes, what is the name of the agency/clinic? _____

89. Have you donated your eggs previously? Yes No
a. If yes, please complete the following.

<u>Date of Donation</u>	<u>Agency/Clinic Name</u>	<u>Number of Eggs Retrieved</u>

THANK YOU FOR YOUR TIME AND INTEREST!

Please FAX your completed form to 203-323-3130