Egg Donor Questionnaire

Previous Donation hx:

First name (legal name):

Last name:

Age:

D.O.B:

Height:

Weight:

e-mail:

phone number:

Facebook/IG(Optional):

Nationality:

Ethnicity:

Blood type:

Education level:

College or university and Major:

Where do you live(state &city):

Marital/Relationship Status:

Major family member information:

Member	Ethnicity	Height	Weight	Age	Career	Health	Education
Father							
Mother							
Grandpa (Paternal)							
Grandma (Paternal)							
Grandpa (Maternal)							
Grandma (Maternal)							
Sibling							
Sibling							

Are you currently enrolled in college?

Please describe your academic strengths:

Please list any languages you speak and indicate your level of fluency:

What musical instruments do you play?

Please list your artistic talents:

Please describe any athletic skills you possess or share your favorite sports:

What do you like to do in your free time?

What is your current occupation?

Would you consider traveling to other states for the egg donation process?

Have you ever smoked cigarettes? If yes, how many per day?

Do you drink alcohol?

Do you engage in regular exercise?

Describe your personality and character:

Explain your personal reasons for choosing to become an egg donor:

Will you tell your family members about your egg donation?

Does your family or romantic partner support your decision to donate?

What amount of compensation do you expect?

Medical History

Do you have any current or past medical problems?

Have you ever had plastic surgery or microsurgery?

Do you have a history of bleeding tendencies or bruising easily?

How many medications have been prescribed to you in the last five years?

How many surgeries have you had in your lifetime?

Have you ever experienced neck or back problems?

Have you ever been diagnosed with cancer?

Have you ever been diagnosed or suffered from asthma?

Have you ever been diagnosed with or suffered from an irregular heartbeat?

Have you ever been diagnosed with or suffered from any type of heart problem?

Have you ever experienced any type of head injury?

Have you ever been diagnosed with or suffered from high blood pressure?

Have you ever suffered from migraine headaches?

Have you ever been diagnosed with a thyroid problem?

Have you ever experienced seizures or fits?

Have you ever been diagnosed with diabetes?

Have you ever been diagnosed with anemia?

Have you ever been diagnosed with Hepatitis B?

Have you ever been diagnosed with Hepatitis C?

Reproductive History

Number of live births:

Have you ever participated in sexual intercourse?

Please indicate what type of birth control you are currently using:

Have you ever been diagnosed with PID (Pelvic Inflammatory Disease)?

Have you ever been diagnosed with or experienced genital warts or sores?

Have you ever been diagnosed with ovarian cysts?

Have you ever been diagnosed with uterine fibroids?

Have you ever been diagnosed with herpes?

Have you ever been diagnosed with gonorrhea?

Have you ever been diagnosed with syphilis?

How many abortions have you had?

How many miscarriages have you had?

How many stillbirths have you had?

Have you ever had an abortion due to abnormal fetal development?

Have you ever undergone any fertility treatments to become pregnant?

Do you have a menstrual cycle every month?

How many Days does your period usually last?

At what age you started having your period?

How many days are there between the first day of one period and the first day of your next period?

Social History

Have you ever had problems with drugs or alcohol?

Have you ever been in a substance abuse program?

Have you ever taken recreational drugs, including marijuana?

Egg Donation History

Have you donated before?

If so, how many times have you successfully donated?

Fill in every donation date, number of eggs retrieved, number of mature eggs, and number of embryos made

Donation date				
Quantity of eggs retrieved				
Quantity of mature eggs				
Quantity of embryos				