



Egg Donor Program- Questionnaire

Please Answer the questions below.

First name: _____

Last name: _____

How did you find out about the donorprogram?

Answer:

How old are you?

Answer:

What is your height?

Answer:

What is your weight?

Answer:

What is your skin color?

Answer:

What is your natural hair color?

Answer:

What is your eye color?

Answer:

What is your ethnicity?

Answer:

What is your occupation?

Answer:

Are you a student?

Answer:

Have you had any previous pregnancies?

Answer:

Do you smoke?

Answer:

Are you on any contraception's such as Birth control?

Answer:

Do you have a history of drug use?

Answer:

Have you had or do you currently have any STD's?

Answer:

Have you had any surgery to your ovaries?

Answer:

Do you have a history of infertility in your family?

Answer:

Have you had any miscarriages?

Answer:

Do you have any history of genetic disease in your family?

Answer:

If you were to come into the office would you be available during morning weekdays?

Answer:

Do you have a social security number? (I don't need the number just to know if you have one?)

Answer: