

DONOR PARTNER SCREENING QUESTIONNAIRE

Name _____ Date _____

Phone Number (Cell or home) _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

The purpose of this questionnaire and the clinical interview that follows is to help you understand as fully as possible the meaning and long-term implications of your decision to participate in gamete donation to an individual or couple. It is also designed to be sure that you are emotionally and psychological prepared to do this. Please answer honestly and completely and jot down any questions that you might have and bring them to the interview. Thank you.

SELF REPORT

Please describe yourself.

What sports, hobbies or special interests do you have?

What are some things that make you happy or satisfied?

What are your religious affiliations, if any?

LIFE STRESS AND COPING SKILLS

What kinds of stress do you encounter in your current life?

What strategies do you use to manage your stress?

How do you deal with criticism?

Describe your support system (friends, family, religious or volunteer community, etc)

Describe any significant losses regarding people or events in your life.

What happened and at what age did this occur?

How did you feel at the time? How do you feel about it now?

Please describe any health problems you have had in your life.

FAMILY BACKGROUND

Where were you born? Where were you raised?

Who raised you?

Describe your relationship with your parents and siblings.

Describe your childhood.

Did you experience any physical, sexual or emotional abuse as a child or young adult?

Have you experienced any significant losses in your life?

If YES... What were they and when did you experience them?

OTHER RELATIONSHIPS

Describe your relationship with your spouse/partner (e.g. happy, strained).

How do you and your spouse/partner deal with conflict and adversity?

Has your spouse/partner experienced any significant losses?

If YES, please describe.

Have you been previously married?

If YES, please list the dates of the marriage and termination of that marriage.

How did the loss of this marriage affect you?

Please describe your current significant friendships.

WORK AND EDUCATION

Describe your educational background.

List your degree(s), if any.

What is (was) your major?

What kind of work do you do?

How long have you been at your current employer?

How long have you been in your current position?

FINANCIAL STATUS

Are you ...
(Circle all that apply)

Financially comfortable?

On a tight budget?

Significantly in debt?

Repaying student loans?

How well do you manage your money?

ALCOHOL AND DRUG HISTORY

Have you ever smoked cigarettes?

If YES...

At what age did you begin to smoke?

At what age did you quit?

Do you currently smoke?

How many packs of cigarettes do you currently smoke per day?

Have you ever used recreational drugs?

If YES...

Which drugs have you used?

Do you currently use any of these drugs? Which ones? How often?

Do you ever drink alcoholic beverages?

If YES...

How often do you drink?

How much do you drink in one evening?

How old were you when you first tried alcohol?

Have you ever experienced a Blackout?

Have you ever been arrested for DUI?

Have you ever experienced DTs?

Do you have any family members who have been alcohol- or drug-addicted?

LEGAL ISSUES

Describe any circumstances on which you have had legal issues or contact with the law.

Have you ever been sued? Y or N Sued another party? Y or N Consulted an attorney?

Y or N

If YES, please describe.

MEDICAL HISTORY

Do you have any significant medical problems?

If YES...please describe.

Do you take any medications?

If YES, list the medication(s) and reason for taking them?

Do you have any allergies?

If YES, to what?

SEXUAL HISTORY

Do you want to have children in the future?

Do you and/or your spouse/partner have any children?

If YES...describe your relationship with the children.

Have you ever had any infertility problems?

Has anyone in your family had any infertility problems?

Is anyone “strongly encouraging” your spouse/partner to become an egg donor?

If YES, is this causing any confusion or discomfort?

PSYCHOLOGICAL HISTORY

Have you ever experienced a depression?

If YES...Briefly describe.

Have you ever had anxiety attacks?

If YES...Briefly describe

Have you ever seen a psychologist, counselor, psychiatrist or therapist?

If YES... When?

For how long?

For what reason?

What did you learn from your experience?

Have you ever taken psychiatric medications?

If YES...Please list

Have you ever been hospitalized for emotional problems?

Does anyone in your family have any mental or emotional issues?

UNDERSTANDING OF DONOR PROCEDURES AND RESPONSIBILITIES

How did you learn about egg donation?

Are you comfortable with the information given to you by the fertility center?

Do you know someone else who has been an egg donor?

If YES... What was the experience like?

Are you supportive of your wife/partner donating eggs? If so, why?

Will you receive any financial compensation and, if so, what will you do with it?

Describe any concerns or fears you may have regarding your wife/spouse donating eggs?

Are you morally comfortable with abortion? If YES... Under what circumstances?

Are you morally comfortable with selective reduction (medically aborting one or more embryos for medical or health-related reasons)?

If YES... Under what circumstances

What is your relationship with the couple to whom your wife/spouse plans to donate eggs?

Do you have any reservations about their ability to parent?

What kind of relationship do you expect to have with any children born of this procedure?

Write down any questions or concerns you have about emotional issues related to your wife/spouse being an egg donor.

Write down anything else you would like to share about yourself.

Write down any other questions you would like to discuss today.