

## Questionnaire for Potential Sperm Donors

In order for us to process your application, please provide the following information. Your answers are confidential.

|               |  |                              |  |
|---------------|--|------------------------------|--|
| First name    |  | Surname                      |  |
| Date of birth |  | Age                          |  |
| Ethnicity     |  | Country of birth             |  |
| Email address |  | Phone number                 |  |
| Address       |  |                              |  |
| Postcode      |  | Date questionnaire completed |  |

|   |  |
|---|--|
| Where did you hear about Complete Fertility Centre?             |  |
| In a few words tell us about your motivation for donating sperm |  |
|   |  |

|   |          |
|---|----------|
| Are you adopted?  | Yes / No |
| Are you donor-conceived?  | Yes / No |
| Do you know your biological mother and father?  | Yes / No |
| Ethnicity of biological mother  |          |
| Ethnicity of biological father  |          |
| Do you consider yourself to be fit and healthy?   | Yes / No |
| Do you or anyone in your immediate family (parents, siblings, offspring) suffer from a serious mental or physical illness or medical condition? E.g. diabetes, asthma, epilepsy         | Yes / No |
| If yes, please give details:  |          |
| Do you or anyone in your immediate family (parents, siblings, offspring) have a genetic or inherited medical illness or disorder? E.g. cleft lip, Huntington's disease, cystic fibrosis | Yes / No |
| If yes, please give details:  |          |
| Have you been abroad in the last 12 months?   | Yes / No |
| If yes, what countries did you visit:   |          |
| Are you on any medication?  | Yes / No |
| If yes, please give details:  |          |
| Do you have, or have you ever had any sexually transmitted diseases?  | Yes / No |
| If yes, please give details:  |          |
| Do you smoke?   | Yes / No |
| Do you take any illegal drugs?  | Yes / No |
| If yes, please give details:  |          |

|   |          |
|---|----------|
| Have you ever been convicted of a criminal offence?   | Yes / No |
| If yes, please give details:  |          |
| Have you ever donated or applied to donate your sperm at another HFEA-licensed sperm bank?  | Yes / No |
| If yes, please give details:  |          |
| Have you ever donated or applied to donate your sperm in any other context (e.g. on the internet, to a friend) in the UK or abroad? | Yes / No |
| If yes, please give details:  |          |
| Has a woman ever become pregnant by you?  | Yes / No |
| Do you have any children?   | Yes / No |

|   |          |
|---|----------|
| Are you able and willing to visit Complete Fertility Centre to donate sperm on a regular basis (e.g. once per week) after 3 to 5 days of abstinence from ejaculation for a minimum of 15 times, between the hours of 8am and 11am weekdays? | Yes / No |
| Are you able to provide photo identification (passport or driving licence)?   | Yes / No |

|            |  |
|------------|--|
| GP name    |  |
| GP surgery |  |

|   |          |
|---|----------|
| I confirm that I have answered this questionnaire truthfully and to the best of my knowledge: | Yes / No |
| Signature   |          |

**What happens next?**

Your completed questionnaire will be reviewed by the sperm donor co-ordinator. We may contact you for more information regarding your answers. If your answers show that you meet the criteria to become a sperm donor you will be invited to attend the clinic for a semen analysis. Our preferred method of contact is email so please ensure you have given your email address at the start of this form.