

Male Infertility Questionnaire

Date _____

Name _____

Date of Birth _____

Partner's Name _____

Date of Birth _____

Medical-Surgical History

Have you previously fathered a pregnancy?

No Yes

If yes, with current partner?

No Yes - # _____

With previous partner?

No Yes - # _____

Do you have difficulty with erections?

No Yes

Have you had a history of undescended testicles?

No Yes

Do you have scrotal or testicular pain?

No Yes

Have you had a prior injury to your testicles required hospitalization?

No Yes

Have you had a vasectomy?

No Yes

If yes, date _____

Have you had a vasectomy reversal?

No Yes

If yes, date _____

Have you had a semen analysis?

No Yes – date _____

Were the results of the semen analysis normal?

Yes No ⇒ Count Motility Morphology

Have you been evaluated by an urologist?

No Yes

Have you had a surgery for a varicocele repair?

No Yes

Have you had hernia surgery?

No Yes

Did you undergo any bladder or penis surgery as a child?

No Yes

Genetic History

What is your Ancestry?

- African American
- American Indian/Native American
- Ashkenazi Jewish
- Asian American
- Cajun/French Canadian
- Eastern European
- Hispanic/Caribbean
- Middle Eastern
- Northern European
- Southern European
- Other (specify _____)

Have you been screened for:

(if yes please request records)

- Cystic Fibrosis Yes No
- Sickle Cell Anemia Yes No
- Tay Sachs Disease Yes No
- Thalassemia Yes No
- Spinal Muscular Atrophy Yes No

Are you and your partner related by blood?

Yes No