



## MIDATLANTIC UROLOGY ASSOCIATES, LLC.

### FERTILITY QUESTIONNAIRE

The problem of infertility (lack of ability to father a child) is a difficult one. Finding out what is wrong and why can take a long time. This questionnaire is meant to simplify and speed up the process.

Please answer the following questions briefly. You will probably be asked to explain certain answers more fully when you see the doctor. This form will become part of your confidential medical records.

**PATIENT'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

1. How long have you and your partner been trying to have a baby?  
\_\_\_\_\_
2. Has your partner ever had a child by you before? \_\_\_\_\_  
If so, when? \_\_\_\_\_
3. Have you ever fathered a child by a different partner? \_\_\_\_\_  
If so, when? \_\_\_\_\_
4. Has your partner ever had a child by a different man? \_\_\_\_\_  
If so, when? \_\_\_\_\_
5. Do you know of any medical condition in yourself or your partner which might be causing this problem? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. What is the name of your partner's gynecologist? \_\_\_\_\_
7. Before trying to have this baby did either of you use a birth control method?  
\_\_\_\_\_ If so, what type? \_\_\_\_\_  
When did you stop using it? \_\_\_\_\_
8. Do either of you use any lubricants (cream, jelly, etc.) to make intercourse easier?  
\_\_\_\_\_ If so, what type? \_\_\_\_\_

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9. Do you now have or have you ever had any of the following:
- a. Mumps? \_\_\_\_\_ When? \_\_\_\_\_
  - b. Swelling of the Testicles? \_\_\_\_\_ When? \_\_\_\_\_
  - c. Gonorrhea? \_\_\_\_\_ When? \_\_\_\_\_
  - d. Syphilis? \_\_\_\_\_ When? \_\_\_\_\_
  - e. Recent high fever? \_\_\_\_\_ When? \_\_\_\_\_
  - f. Urinary tract infection? \_\_\_\_\_ When? \_\_\_\_\_
  - g. Prostate trouble? \_\_\_\_\_ When? \_\_\_\_\_
  - h. Undescended testicle? \_\_\_\_\_ When? \_\_\_\_\_  
(Hidden)
  - i. Diabetes? \_\_\_\_\_ When? \_\_\_\_\_
10. What sort of work do you do? \_\_\_\_\_  
\_\_\_\_\_
11. Assuming you don't have a beard, how often do you need to shave? \_\_\_\_\_  
\_\_\_\_\_
12. Have you ever been exposed to any chemicals (for example in your work or hobbies) which you think might be dangerous to your health? \_\_\_\_\_  
\_\_\_\_\_
13. Have you ever worked with or been exposed to radioactive material or radar? \_\_\_\_\_  
When? \_\_\_\_\_
14. Have you ever been exposed to high temperatures for long periods of time (for example: been a welder, steel worker, or baker)? \_\_\_\_\_  
If so, when? \_\_\_\_\_

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15. Are you now or have you recently taken any medication or drugs of any sort? \_\_\_\_\_  
Which? \_\_\_\_\_  
\_\_\_\_\_

16. Do you feel that you now or in the past have used alcohol excessively? \_\_\_\_\_

17. Have you ever had an operation? \_\_\_\_\_ If so, what type and when? \_\_\_\_\_  
\_\_\_\_\_

18. Have you ever had a serious injury to your genitals? \_\_\_\_\_

19. Please list below the ages of any brothers and whether or not they have had children or their own.

Ages of Brothers

Any Children?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Does anyone in your family have any problems with their urinary or reproductive systems? \_\_\_\_\_ If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Does anyone in your family have cystic fibrosis? \_\_\_\_\_

22. Has any advice already been given to you on the subject for which you are here today? \_\_\_\_\_  
Please explain: \_\_\_\_\_  
\_\_\_\_\_

Thank you.