



**INFERTILITY LABORATORY
QUESTIONNAIRE FOR MEN**

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Stamp Patient Care Here

Name _____ Age _____

Years Married _____ Duration of Infertility _____

Occupation _____ Wife's Age _____ Children _____

DIRECTIONS: Answer the questions by checking Yes or No. If you are not sure, guess.

MARITAL HISTORY	Yes	No	PERSONAL HISTORY (continued)	Yes	No
1. Were you previously married?			14. Have you had surgery for (continued):		
Did you have children?			c. Pelvic surgery?		
2. Was your wife previously married?			d. Retroperitoneal surgery?		
Did she have children?			e. Varicocele (varicose veins in scrotum)?		
3. Average number of ejaculations (climax) per week:			f. Sympathectomy?		
4. Do you have pain with intercourse?			g. Penis surgery?		
5. Do you have trouble with erections?			h. Prostate surgery?		
6. Do you have trouble with ejaculation (coming)?			i. Kidney stone surgery?		
7. Do you use lubrication or grease for sexual intercourse?			15. Are you taking any medications?		
8. Does your wife douche immediately after intercourse?			a. Mental depression medicine?		
9. Does your wife usually get out of bed after intercourse?			b. Tranquilizers?		
10. Has your wife been evaluated for infertility?			c. Male hormones?		
Findings:			d. Female hormones?		
			e. Cancer treatment drugs?		
			f. Gout medicine?		
			g. Nitrofurantoin, Furadantin, or Macrochantin?		
			h. High blood pressure medicine?		
			i. Other drugs?		
PERSONAL HISTORY			Please list:		
11. When you were a child, were both testes (balls) descended into the scrotum (sack)?			16. Have you had a high fever in the last 3 months?		
12. At what age did you begin shaving regularly?			17. Have you recently been under much more stress than usual (e.g., new job, problems at home)?		
13. Have you ever had:			18. Do you take prolonged hot baths, saunas, steam baths?		
a. Mumps in your testes as an adult?			19. Do you wear tight-fitting underwear?		
b. Tuberculosis?			20. Do you or have you in the past regularly used barbituates, marijuana, LSD, heroin, or methadone?		
c. Venereal disease?			21. Do you usually drink more than 2 alcoholic beverages (cocktails, beer or wine) per day?		
d. Prostatitis?			22. Do you have a family history of infertility?		
e. Epididymitis?			23. Have you had previous semen analyses (sperm count)?		
f. Diabetes?			Approximate date:		
g. Kidney disease?			Physician:		
h. Irradiation therapy?			Findings:		
i. Cystic fibrosis?					
j. Testis infection?					
k. Testis injury?					
l. Testis tumor?					
m. Muscular dystrophy?					
n. Cancer?					
o. Varicocele (varicose veins in scrotum)?					
14. Have you had surgery for:					
a. Hernia repair?					
b. Vasectomy?					



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