

**Egg Donor Program Interest Form: Initial Questionnaire**

|       |                |               |
|-------|----------------|---------------|
| Name: | Date of Birth: | Today's Date: |
|-------|----------------|---------------|

**Contact Information**

|                 |             |           |
|-----------------|-------------|-----------|
| Street Address: |             |           |
| City:           | State:      | Zip Code: |
| Home Phone:     | Work Phone: |           |
| Cell Phone:     | E-mail:     |           |

**Personal Information**

|                              |         |         |
|------------------------------|---------|---------|
| Race/Ethnicity:              | Height: | Weight: |
| Education Level/Study Focus: |         |         |
| University/College:          |         |         |
| Current Employment:          |         |         |
| Partner/Relationship Status: |         |         |

**Pregnancy History**

|  | Number | Dates | Outcome |
|--|--------|-------|---------|
| Pregnancies                                |        |       |         |
| Births                                     |        |       |         |
| Miscarriages                               |        |       |         |
| Terminations (surgical/ medical abortions) |        |       |         |
| Ectopic pregnancies                        |        |       |         |

**Menstrual history**

|  |  |
|--|--|
| First day of most recent menstrual period (date) |  |
| Cycle length (number of days between periods)    |  |
| Please describe menstrual problems or pain       |  |

**Current health status (specify medications, illnesses, genetic/mental health conditions, etc.)**

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**Personal medical history (specify surgeries, past medications, diagnoses of any conditions, etc.)**

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**Birth control history (type, duration, start/end dates)**

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**Family medical history (immediate & extended family) Ex: diabetes, cancer, heart disease, etc.**

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| Why are you interested in becoming an egg donor?  |
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| The current compensation for being an egg donor at UCSF is \$14,000 for each donation. What are your thoughts on the compensation offered?  |
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| What are your current time commitments & availability? Include work/school/volunteer activities.  |
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| Can your schedule accommodate appointments during the weekdays? Specify any limitations.  |
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| Previous egg donations (location, outcome, comments)  |
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| Have you ever been treated for a sexually transmitted infection? If so, which and when?   |
|   |
| Have you traveled outside of the United States? If so, to which countries and which dates?  |
|   |
| Have you had any tattoos applied or new piercings in the last 12 months? If so, were they performed under sterile practices?  |
|   |
| In less than 500 characters (including spaces), please summarize who you are as a person. Think of your recipient(s) when writing this – how would you describe yourself to them? |
|   |
| How did you hear about the UCSF Egg Donor program? If you are responding to one of our advertisements or flyers, please tell us the source of the ad.                             |
|   |

Thank you for your interest in becoming an egg donor at UCSF.

Please save the completed questionnaire on your computer and email a copy to the Egg Donor Program at [crhdonorcoordinators@ucsf.edu](mailto:crhdonorcoordinators@ucsf.edu) with the subject heading "Initial Questionnaire".

You will be contacted within two weeks for next steps if applicable.