



Wake Forest University Baptist
MEDICAL CENTER[®]
 Center for Reproductive Medicine

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Male Factor Infertility History Questionnaire

Patient's Name: _____ Spouse's Name: _____

Urologist: _____ GYN: _____

Length of time having sexual intercourse WITHOUT birth control: (> 6 months): _____

Have you previously conceived? Y N
 Has your Spouse previously conceived? Y N
 Live birth/TAB _____

Prior Infertility evaluation? Y N
 Results: _____

1. Childhood

- Mumps Y N • Mumps Orchitis Y N • Undescended testis Y N
- Hernia surgery Y N • Normal sized testicles Y N
- Newborn Y N
- Child Y N
- Adult Y N
- Breast development Y N (left, right, both)
- Nipple discharge Y N
- Onset Puberty age 12-14? Y N
- Trauma to testicles? Y N
- if No, explain: _____

2. Family History

- Infertility Y N • Maternal DES Y N • Cystic Fibrosis Y N
- Hot Tubs Y N • Viral infection in last 3 months? Y N
- Blood disorder Y N
- Type: (eg: Sickle Cell Anemia) _____
- Cancer Y N
- Type _____ • Radiation Y N • Chemotherapy Y N

Male Factor Infertility History Questionnaire *(continued)*

- Erectile Dysfunction Y N
- Lubricants? Y N
- Ejaculation disturbance Y N
 - a. retrograde ejaculation Y N
 - b. low volume Y N
 - c. bleeding/painful Y N
- Drug Exposure:
 - a. Marijuana Y N Daily Y N
 - b. LSD Y N
 - c. Other "street drugs" _____
 - d. Anabolic steroids for athletics Y N
 - e. Steroids for Hypogonadism Y N
 - f. Corticosteroids (eg: for Asthma control?) Y N
 - g. Industrial chemical exposure Y N list _____
- Tobacco Y N _____ packs/day (most # _____) X Years (total) _____ = _____
- Herbal and Over-the-Counter Medications: Sinus, Allergy (eg: Sudafed products) Y N

• Medications: *(List)*:

• Past Medical History:

- Diabetes: Y N
- Multiple Sclerosis Y N
- Prostate Infections Y N
- High Blood Pressure Y N

• Past Surgeries:

- Vasectomy Y N
- Vasectomy Reversal Y N
- Colo-rectal Cancer Y N