Male Fertility Questionnaire

Name:_____ Date:_____

Wife/Partners Name: _____

(Please check the following that apply to you and indicate level and lab range if known.)

Anne's Notes

Have you had a sperm analysis?_____

Did you have sperm issues that included any of the following:

❒ count
❒ morphology
❒ low motility
❒ abnormal heads
❒ abnormal tails
❒ low viscosity
❒ pH
❒ liquifaction
❒ DNA fragmentation
❒ white blood cells
❒ antisperm antibodies (ANA)

Type of analysis:

❒ WHO or Krueger strict morphology?
❒ Have you been tested for the following? Please indicate lab range.
❒ testosterone: Level_____ Lab Range_____
❒ (serum): Level_____ Lab Range_____
❒ LH: Level_____ Lab Range_____
❒ FSH: Level_____ Lab Range_____
❒ prolactin: Level_____ Lab Range_____

History of any of the following:

❒ vitamin D deficiency
❒ scrotal pain
❒ varicocele
❒ back pain
❒ frequent urination
❒ prostatitis
❒ constipation
❒ cancer
❒ urinary tract infections
❒ HPV
❒ venereal warts
❒ chlamydia
❒ hemmorhoids
❒ skin problems, eczema, psoriasis, etc
❒ penile discharge
❒ itching
❒ depression

Name:_____ Date:_____

(Please check the following that apply to you. Elaborate next to question if needed)

MEDICAL:

❒ Did you have delayed puberty (after age 14)?
❒ undescended testicles?
❒ testicular cancer
❒ hernia
❒ vasectomy
❒ abdominal surgery that resulted in scarring
❒ are you overweight?
❒ have you ever been overweight?
❒ are you underweight?
❒ Have you ever taken Accutane?
❒ Are you currently on medications or supplements?
    if so, give the date and reason for each one?
❒ Have you ever fathered a child?
    If so, did your partner have a miscarriage?
    If yes, how many times?
❒ are you up to date on dental work?
❒ do you use sunscreen?
❒ are you vegetarian?
❒ do you eat soy products (tofu, soy sauce, edemame, etc.)

PHYSICAL:

❒ Do you workout?
    How often per week?
    For how long?
❒ run?
❒ bicycle hrs per week?
❒ lift weights?
❒ yoga?

ENVIRONMENT:

❒ do you have a "desk" job?
❒ are you exposed to chemicals in your work environment?
❒ do you do gardening and use pesticides?
❒ are you ever exposed to paint or paint thinners?

PERSONAL:

❒ Low libido?
❒ Premature Ejaculation?
❒ Do you suffer from ED (erectile dysfunction)?
❒ Do you smoke?
    if so, how often? occasionally_____daily_____weekly_____
❒ Do you use marijuana?
    if so, how often? occasionally_____daily_____weekly_____
❒ Alcohol?
    if so, how often? occasionally_____daily_____weekly_____

Anne's Notes