

Egg Donor Patient Questionnaire

1. How old are you?
2. Do you have any children? Yes No
If yes, how old are they
3. What is the length of your menstrual cycle? (How long is it from the 1st day of your period to the 1st day of your next period)
4. How long do you bleed for?
5. What is the cause of your infertility? (Egg share donors only)
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6. Have you had fertility treatment before? Yes No
If yes what type of treatment and was it successful
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7. How long have you been trying to conceive?
8. Height
9. Weight
10. Do you smoke currently? Yes No
11. Did you smoke in the past? Yes No
If Yes when did you quit?
12. Recreational Drug use now / in the past? Yes No
- If Yes please specify
13. Have you been in an area affected by the ebola virus in the last 6 months?
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Signed

Date

Thank you for completing this questionnaire. We will be in touch very soon to let you know the next step.

Please contact our Egg Donor Nurse Coordinators on 01992 78 50 65 if you have any further questions.