RG-E

# QUESTIONNAIRE

## General Information

SCHELL GENETICS
chayim.schell@schellgenetics.uk

**Partner 1**

Surname: _____
Forenames: _____
Date of birth: _____
Place of birth: _____
Gender: _____
Address: _____
_____
_____
Telephone: _____
e-mail: _____

**Partner 2**

Surname: _____
Forenames: _____
Date of birth: _____
Place of birth: _____
Gender: _____
Address: _____
_____
_____
Telephone: _____
e-mail: _____

* If different From partner 1

**Referring Fertility Physician / Specialist**

Surname: _____
Forenames: _____
Telephone: _____
e-mail: _____
Clinic: _____
Address: _____
_____
_____

**Do you have already mutual children?** [ ] Yes [ ] No

If YES:

Surname: _____
Forenames: _____
Date of birth: _____
Gender: _____

Surname: _____
Forenames: _____
Date of birth: _____
Gender: _____

Please provide details on further children on a separate sheet if necessary

**Do you have already children from other partnerships?** [ ] Yes [ ] No

If YES:

Surname: _____
Forenames: _____
Date of birth: _____
Gender: _____
Different mother: [ ]
Different father: [ ]

Surname: _____
Forenames: _____
Date of birth: _____
Gender: _____
Different mother: [ ]
Different father: [ ]

Please provide details on further children on a separate sheet if necessary

# QUESTIONNAIRE

## General Information

**Did you have miscarriages or abortions in your partnership?**

[ ] Ja
[ ] Nein

If YES, please provide further particulars hereto (e.g. how many miscarriges/ abortions, at which gestational week, reason for abortion [fetal malformation/ disorder?]):

Please provide details on further miscarriages/ abortions on a separate sheet if necessary
Please provide medical reports/ documents etc., if applicable

**Did either of you have miscarriages or abortions in other partnerships?**

[ ] Ja
[ ] Nein

If YES, please provide further particulars hereto separated into partner 1 and partner 2
(e.g. how many miscarriages/ abortions, at which gestational week, reason for abortion [fetal malformation/ disorder?]):

**Partner 1:**

**Partner 2:**

Please provide details on further miscarriages/ abortions on a separate sheet if necessary
Please provide medical reports/ documents etc., if applicable

## Family History / Pedigree

**Family history of partner 1 and partner 2**
The following question refers to both your families over three generations. It comprises your own brothers and sisters and their children as well as your parents, your parents' siblings and their descendents. The question refers also to deceased relatives.

**Are there any medical problems or health issues in your families?**
(e.g. disabilities, malformations, epilepsy, cancer, mental health problems, cardiovascular disorders, diabetes, hearing or visual impairments)

[ ] Ja
[ ] Nein

If YES, please provide further particulars hereto (e.g. which relative, affected at what age with which issue; if deceased, at what age and cause of death):

Please provide details on further family members on a separate sheet if necessary

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# QUESTIONNAIRE

## Medical History of Partner 1

**Do you have any other health issues or pre-existing conditions?**

[ ] Yes
[ ] No

If YES, please provide further particulars hereto (e.g. malformations, epilepsy, cancer, mental health issues, cardiovascular disorders, Liver/ kidney disorders, urogenital particularities, diabetes, thyroid problems, clotting disorders, hearing or visual impairments):

_____

_____

_____

**Are you on medication, do you consume alcohol, illegal substances [drugs], do you smoke or do you undergo radiotherapy?**

[ ] Yes
[ ] No

If YES, please provide further particulars hereto (e.g. which substance, since when and how long for):

_____

_____

_____

**Have you been treated in a hospital?**

[ ] Yes
[ ] No

If YES, please provide further particulars hereto (e.g. date, at what age, what for):

_____

_____

_____

Please provide medical reports/ documents etc., if applicable

**Have there been any surgeries performed?**

[ ] Yes
[ ] No

If YES, please provide further particulars hereto (e.g. what kind of surgery, date, at what age):

_____

_____

_____

Please provide medical reports/ documents etc., if applicable

**Please provide your most recent body measurements**

Height: _____ Date measured: _____

Weight: _____ Date weighted: _____

Head circumference: _____ Date measured: _____

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# QUESTIONNAIRE

## Medical History of Partner 2

**Do you have any other health issues or pre-existing conditions?** [ ] Yes [ ] No

If YES, please provide further particulars hereto (e.g. malformations, epilepsy, cancer, mental health issues, cardiovascular disorders, Liver/ kidney disorders, urogenital particularities, diabetes, thyroid problems, clotting disorders, hearing or visual impairments):

_____

_____

_____

**Are you on medication, do you consume alcohol, illegal substances [drugs], do you smoke or do you undergo radiotherapy?** [ ] Yes [ ] No

If YES, please provide further particulars hereto (e.g. which substance, since when and how long for):

_____

_____

_____

**Have you been treated in a hospital?** [ ] Yes [ ] No

If YES, please provide further particulars hereto (e.g. date, at what age, what for):

_____

_____

_____

Please provide medical reports/ documents etc., if applicable

**Have there been any surgeries performed?** [ ] Yes [ ] No

If YES, please provide further particulars hereto (e.g. what kind of surgery, date, at what age):

_____

_____

_____

Please provide medical reports/ documents etc., if applicable

**Please provide your most recent body measurements**

Height: _____ Date measured: _____

Weight: _____ Date weighted: _____

Head circumference: _____ Date measured: _____

# QUESTIONNAIRE

## Further particulars

**Please provide information on the fertility treatment to date (e.g. including therapies and reproductive strate-gies [e.g. insemination, IVF, ICSI]). How often was which strategy performed, and what was the outcome (e.g. pregnancy or miscarriage)?:**

**Comments**

Is there anything else you would like to share, anything special or remarkable? Please tell us about it here:

Thank you for your time and patience.