

QUESTIONNAIRE FOR MEN
Personal Details
Name
Address
Telephone
Email
Date of birth
Age
Occupation
Partner's name
Marital status
How long have you been together?
Medical Practitioners
Doctor (GP)
Name
Address
Telephone
Fertility Clinic
Clinic name
Consultant's name
Fertility History
How long have you been trying for a baby?
Have you ever conceived with another partner?
Do you or your partner have any children?
Please give details such as name and age.
What tests and investigations have you had? e.g. sperm test, male hormone

QUESTIONNAIRE FOR MEN

Have you ever had a vasectomy?

What fertility treatments have you had?

What complementary treatments have you had for fertility?

General Health

Weight

Height

What health problems have you had in the past?

What health problems are you still experiencing?

Are you taking any medication?

Are you taking any other supplements, remedies or herbs?

Sexual Relationship

Do you experience any difficulties in your sexual relationship?

Has trying for a baby affected your sex life?

Do you have any difficulties getting or maintaining an erection?

Do you have a low sex drive?

How frequently do you have sex?

Family History

Is there any history of fertility problems in your family?

Is there any history of miscarriage?

Is there any history of birth trauma?

Are your parents still alive?

Are your parents still married?

QUESTIONNAIRE FOR MEN

<i>How many brothers and sisters do you have?</i>

<i>What is your position in the family? (e.g. oldest, middle, 4th)</i>
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<i>Do any of your siblings have children?</i>

Mental Health

<i>Have you ever suffered from depression?</i>
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<i>Have you ever suffered from any psychiatric condition?</i>

<i>Have you ever struggled with addiction?</i>
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Lifestyle

<i>How many hours do you sleep on average per night?</i>
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<i>Do you exercise?</i>

<i>Details</i>

<i>What is your diet like?</i>

<i>Have you seen a nutritionist?</i>

<i>Do you smoke?</i>

<i>Do you take hot baths or saunas?</i>

<i>Do you wear tight fitting clothing?</i>
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<i>Do you take any recreational drugs?</i>
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<i>How many hours a week do you work?</i>

<i>How much time do you spend commuting every day?</i>
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<i>What are your interests and hobbies?</i>

<i>What else do you do to relax?</i>
