

Donor Program Telephone Screening Tool

“Some of the following questions I will be asking are quite personal, especially to be asking over the phone... but there are some factors that could put you at risk during this procedure and would require us to decline your kind gift. So if this is a good time, I’ll review these questions.”

1. How did you hear about our program? Family Magazine / Benefit Fair / Internet / FaceBook / Friend / Other _____
2. How did you get our phone number? _____
3. Age? **(21-31)** _____
4. Height _____ Weight _____ BMI _____ **(>25 - Decline)**
5. Do you smoke? No _____ Yes _____ **(Yes - Decline, To call back if stop smoking for 3 months)**
6. Have you lived cumulatively for 5 years or more in Europe from 1980 until the present? (Note: this criterion includes time spent in the U.K. from 1980-1996) No _____ Yes _____ **(Yes - Decline)**
7. Have you had a tattoo, ear piercing, or body piercing in the last 12 months in which instruments were shared? No _____ Yes _____ **(Yes - Decline)**
8. How many sexual partners have you had in the last year? _____ In the last 6 months? _____
(If greater than 1 in 6 months, Decline related to increase risk for STD)
9. At this time are you separated/divorcing? No ___ Yes ___ **(If yes, wait 6 months after divorce to apply)**
10. Have you ever been an egg donor or gestational carrier with another program? No _____ Yes _____
If Yes, Where? _____ Agency Name _____
11. How many donor cycles completed? _____ **(4 or more, decline, unless agency reference)**
12. Do you have or have you ever had any chronic medical problems? No ___ Yes ___ Condition? _____
(We will review this with the doctor and contact you) _____
13. Do take any medication? No _____ Yes _____ Medication? _____
(We will review this with the doctor and contact you)

14. Have you ever seen a counselor or had any psychological problems? No ___ Yes ___ When? _____
What was the reason behind counseling? _____

(We will review this with the doctor and contact you)

15. Have you ever taken medication for depression? No ___ Yes ___ When? _____ Why? _____
if current, what medication _____

(We will review this with the doctor and contact you)

16. Are you sexually active? No ___ Yes ___

17. Have you ever had any type of sex with a gay or bisexual man? No ___ Yes ___

18. What is your current method of birth control? _____

19. Have you used Depo-Provera injections or Norplant for birth control? No ___ Yes ___ When? _____

(If yes, must wait until 3rd period after last injection)

20. Have you ever had an infection such as:

A. Gonorrhea? No ___ Yes ___ When? _____ Treatment Date _____ Re-Check date _____

B. Syphilis? No ___ Yes ___ When? _____ Treatment Date _____ Re-Check date _____

C. Chlamydia? No ___ Yes ___ When? _____ Treatment Date _____ Re-Check date _____

21. Number of pregnancies _____ Number of children _____

Name: _____ DOB: _____

Address: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Best number to call _____ May we leave a message? _____

Are there any questions you have?

**If the survey is appropriate, have the candidate call
on day one of menses for D3 U/S, E2 and FSH/AMH**