



Fact sheet 6: Lifestyle questionnaire example

This fact sheet provides an example of what a questionnaire may look like for people considering donating sperm, eggs or embryos, or for people considering donor assisted conception treatment.

The clinic will arrange for the donor(s) to have a medical examination. Donors are also required to complete a lifestyle questionnaire to check they are medically well. Donors need to meet certain criteria before they are accepted into a donor program. Some clinics may ask for additional checks.

The following is an example of what a lifestyle questionnaire may look like. Responding 'yes' to a question does not necessarily exclude people from being able to donate.

Lifestyle questionnaire example

Section 1

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| 01. Have you ever 'used drugs' by injection or been injected, even once, with drugs not prescribed by a doctor or dentist? | Y / N |
| 02. Have you ever had any of the following treatments: | |
| Clotting factors such as Factor VII or Factor IX | Y / N |
| Transplant or graft (organ, corneas, dura mater, bone etc) | Y / N |
| Neurosurgery involving the head, brain or spinal cord | Y / N |
| Human growth hormone for short stature | Y / N |
| Human pituitary hormone for infertility | Y / N |
| 03. Have you ever had a test which showed you had: | |
| Hepatitis B | Y / N |
| Hepatitis C | Y / N |
| HIV | Y / N |
| HTLV | Y / N |
| Chlamydia | Y / N |
| Gonorrhoea | Y / N |
| Any other sexually transmitted infection | Y / N |
| 04. Have you in the last 12 months engaged in male to male sexual activity? (sperm donors only) | Y / N |
| 05. Have you in the last 12 months engaged in sexual activity with a male or female sex worker? | Y / N |
| 06. Have you in the last 12 months had a blood transfusion? | Y / N |
| 07. Do any of your blood relatives have any of the following conditions: | |
| Asthma as an adult | Y / N |
| Diabetes | Y / N |
| Epilepsy | Y / N |
| Mental issues/conditions requiring treatment | Y / N |

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|---|-------|
| Rheumatoid arthritis | Y / N |
| Severe eye disorders | Y / N |
| Creutzfeld-Jacob disease (CJD) | Y / N |
| Gertsmann-Straussler-Scheinker syndrome (GSS) | Y / N |
| Fatal familial insomnia (FFI) | Y / N |
- 08.** Have you ever lived in or visited England, Scotland, Wales, Northern Ireland, the Channel Islands or the Isle of Man for a cumulative period of six months or more, between 1 January 1980 and 31 December 1996? **Y / N**
- 09.** Are you aged less than 18 years old or greater than 40 years old? **Y / N**

Section 2

- 01.** In the past 6 months have you had an illness with swollen glands and a rash, with or without fever? **Y / N**
- 02.** Have you ever thought that you could be infected with HIV or AIDS? **Y / N**
- 03.** In the last 12 months have you engaged in sexual activity with someone you might think could answer 'Yes' to any of questions 1-6 in Section 1? **Y / N**
- 04.** Have you in the past 12 months been injured with a used needle (needle stick)? **Y / N**
- 05.** Have you in the past 12 months had a blood or body fluid splash to the eyes, mouth, nose or to broken skin? **Y / N**
- 06.** Have you in the past 12 months had a tattoo (including cosmetic tattooing), skin piercing, electrolysis or acupuncture? **Y / N**
- 07.** Have you in the past 12 months been incarcerated in a prison or lock-up? **Y / N**
- 08.** Have you in the past 12 months had (yellow) jaundice or hepatitis or been in contact with someone who has? **Y / N**

Section 3

- 01.** Have you ever donated sperm, eggs or embryos to another clinic? **Y / N**
- If yes, which clinic? _____

All information you provide is treated as confidential.

This is just an example of a lifestyle questionnaire and each clinic will use their own questionnaire.