QUESTIONNAIRE INFERTILITY OR RECURRENT SPONTANEOUS ABORTIONS



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	PFRSONAI	HISTORY

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PARTNER					
Name ad surame		Employment			
Birth number	Health isurace				
e-mail		Phone			
PERSONAL HISTORY					
childhood illnesses common	others, what				
current illnesses					
smoking	no yes	number of cigarettes per day			
alcohol	no yes				
other addictive substances	no yes	_which			
surgery (year and type)					
permanently taken medication					
health problems related to food intolerances (gluten, la	actose, histamine)				
GYNAECOLOGICAL HISTORY					
menarche in age cycle	regular	irregular, after days / lasts days			
use of HAK / HRT	no yes	name			
gynecological surgery	no yes	type of surgery and year			
Gravidity					
spontaneous conception	no yes	number			
assisted reproduction	no yes	type/number			
	insemination	IVF/ ICSI/			
births (year)	spontaneous abortion	s (year) LUPT (year)			
complications in pregnancy (year)	no yes	which			



FAMILY HISTORY Mother and her family Has the mother or her family had repeated miscarriages, congenital developmental defects or delayed psychomotor development, infertility, cancer or cardiovascular disease? Mother don't yes what kind and at what age no know lives no yes Mother's mother don't no yes what kind and at what age know lives no yes Mother's father don't what kind and at what age no yes know lives no yes Mother's siblings don't yes what kind and at what age no know lives no yes Father and his family Has the father or his family had repeated miscarriages, congenital developmental defects or delayed psychomotor development, infertility, cancer or cardiovascular disease? **Father** don't what kind and at what age no yes know lives no yes Father's mother don't what kind and at what age no yes know lives no yes Father's father don't yes what kind and at what age no know lives no yes Father's siblings don't yes no what kind and at what age know lives no yes Siblings Have your siblings had repeated miscarriages, congenital developmental defects or psychomotor developmental delays, infertility, cancer or cardiovascular disease? don't what kind and at what age no yes know lives no yes Children Have your children had any congenital developmental defects, cancers, or psychomotor developmental delays? don't yes what kind and at what age no know lives no yes

2. PERSONAL HISTORY



PARTNER							
Nme ad surame				emplo	yment		
birth number				health	health isurace		
e-mail			phone				
PERSONAL HISTORY							
childhood illnesses	common	others, w	rhat				
_ current illnesses							
smoking	smoking no yes Inumber of cigarettes per day						
alcohol	no	yes					
other addictive substances	no	yes	which				
surgery (year and type)							
history of parotitis (mumps)		no	yes			_age	
orchitis (inflammation of the testicles)		no	yes	unilateral	bilateral	_age	
testicular injuries		no	yes	unilateral	bilateral	age	
testicular tumours		no	yes	unilateral	bilateral	_age	
spermiogram (year of examination and result)			permanently to	aken medication			
health problems related to food intolerances (gluten, lactose, histamine)							

Mother and her family Has the mother or her family had repeated miscarriages, congenital developmental defects or delayed psychomotor development, infertility, cancer or cardiovascular disease? Mother don't yes what kind and at what age no know lives no yes Mother's mother don't no yes what kind and at what age know lives no yes Mother's father don't what kind and at what age no yes know lives no yes Mother's siblings don't yes what kind and at what age no know lives no yes Father and his family Has the father or his family had repeated miscarriages, congenital developmental defects or delayed psychomotor development, infertility, cancer or cardiovascular disease? **Father** don't what kind and at what age no yes know lives no yes Father's mother don't what kind and at what age no yes know lives no yes Father's father don't yes what kind and at what age no know lives no yes Father's siblings don't yes no what kind and at what age know lives no yes Siblings Have your siblings had repeated miscarriages, congenital developmental defects or psychomotor developmental delays, infertility, cancer or cardiovascular disease? don't what kind and at what age no yes know lives no yes Children Have your children had any congenital developmental defects, cancers, or psychomotor developmental delays? don't yes what kind and at what age no know lives no yes

FAMILY HISTORY