Questionnaire for Male patient ver. 1.1

Date: 20 yyyy/ mm/ dd

Name: Age: DOB: yyyy/ mm/ dd

Height: cm Weight: Kg Occupation:

<About your wife> Age: # of Pregnancies: #Miscarriages: #Deliveries:

Your emergency contact (mobile)#:

1. Purpose of your visit today

(1) Consultation and/or testing for infertility

(2) My wife had infertility tests here and it was recommended that I also have the tests

(3) I tested at another hospital and it was recommended that I had a detailed examination

(4) Other ( )

2. Trying for a baby for: about year(s) and month(s)

3. Marital status

(1) Married: at ( ) years of age in yyyy/ mm/, # of children:

(2) Divorced and remarried: Divorced in yyyy/ mm/, Remarried in yyyy/ mm/

# of children with your ex-wife: , # of children with your current wife:

(3) Engaged (4) Single

◆For those who have child(ren): Age of your child(ren)

Conceived (by): (Naturally / Timing method / Artificial Insemination / IVF / ICSI) **Please circle**

4. Have you ever had Semen analysis or Hormone test?

(1) Yes, in yyyy/ mm/ (2) No

↳ The result came back Normal/Abnormal (Specify)

5. Do you smoke?

(1) Yes (since I was year of age, cigarette a day) (2) No

(3) Quit smoking for (month(s)/year(s), had been smoking cigarette a day)

6. Do you drink alcohol?

(1) Yes (Everyday / days a week / Occasionally) (2) No

7. Have you had a health checkup (annual checkup or complete health exam.) in the past year?

(1) Yes in yyyy/ mm/

↳ Result: (i) Normal (ii) advised to have Guidance (iii) advised to have a detailed exam/treatment

(2) Had a checkup more than a year ago in yyyy/ mm/ (3) No, I've never had it before.

8. Do you have or have you had any diseases for which you had a detailed exam and/or treatment at other hospitals?

(1) No (2) Yes (Name of disease) since I was years of age

9. Have you ever had allergic reaction or developed hives to medicine and/or food?

(1) Yes (Name of medicine/food)

(2) No

10. Have you had high fever or poor health in the past 3 months?

(1) Yes (Name of disease) (2) No

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11. Have you ever had Mumps (Epidemic parotitis) before?

(1) Yes (at ..... years of age) (2) No (3) Not sure

↳ Were your testes swollen at that time? (i) Yes (ii) No (iii) Not sure

12. Have you had an operation for undescended testis (cryptorchidism) or groin (inguinal) hernia?

(1) Yes (at ..... years of age) (2) No (3) Not sure

13. Have you had an operation for testis, seminal duct, or prostate other than those above?

(1) Yes (at ..... years of age, Name of Operation .....)

(2) No (3) Not sure

14. Have you had Chlamydia, Gonorrhea or inflammation of urethra, epididymis or prostate?

(1) Yes (at age ....., Treated?: Yes / No) (2) No (3) Not sure

15. Have you hit your testes hard or have you broken backbone or pelvis?

(1) Yes (Diagnosis ..... at age .....) (2) No

16. Do you take any medicine or supplement regularly (more than once a month)?

(1) Yes (Name ..... since around yyyy/ mm/)

(2) No

17. Have you ever had empyema (sinus problem), bronchial ectasia, or chronic bronchitis?

(1) Yes (at ..... years of age) (2) No (3) Not sure

18. Have you ever had radiation therapy?

(1) Yes (at ..... years of age) (2) No (3) Not sure

19. Have you ever had anticancer drug therapy?

(1) Yes (at ..... years of age) (2) No (3) Not sure

20. Do you shave every day?

(1) Yes (2) No, I shave sometimes (about once in ..... days)

21. Do you have any concerns about sexual function or anything you'd like to consult about?

(1) Yes: No sex drive / Erectile dysfunction (ED) / Problems achieving penetration
Problems achieving intravaginal ejaculation / Problems achieving ejaculation
You felt like you ejaculated but no semen came
Other: .....

(2) No

22. <About your wife> Has she ever had infertility testing or treatment?

(1) Yes, she is/was visiting Reproduction Center at Sanno Hospital. (Sanno ID: .....)

(2) Yes, she is/was visiting other hospital. (from around yyyy/ mm/ to yyyy/ mm/)

Test result: Normal / Abnormal (Specify .....)

Previous treatment: Timing method / Artificial insemination / IVF / ICSI

Please describe your comments and request - such as what you'd prefer to do/not to do - freely.

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Thank you for your cooperation. Please present this sheet on your consultation.

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