

Prospective Surrogate Questionnaire

Need to be: 21-40 depending on health; have prior children with no complications during pregnancy or birth; have regular periods; no history of any genetically or sexually transmitted diseases; no history of any serious or ongoing medical conditions; never had a positive AIDS or HIV test; have reliable transportation; non-smokers; never taken recreational drugs; be average weight for her height; and be committed to being a surrogate including being available to attend medical office appointments during the treatment cycle and pregnancy.

Date

Number

Name

Maiden name

Address

E mail address

Social Security Number

Home Phone

Work and/or Cell Phone

How did you hear about our program?

Please provide precise and detailed information.

Date of birth

Ethnic Origin

Decent of relatives (i.e. German/French)

Birthplace

Religion/Practicing

Martial Status

Duration of relationship

Highest Level of Education Completed

Current Occupation and Employer

Spouse Occupation and Employer

Do you intend to be a Gestational Carrier, Traditional Surrogate, or either? Please circle one or both.

What compensation range are you seeking?

If the Recipient family were to pay for your travel, would you be able and willing to make a few trips? The trips could range from one or two overnight stays to three or four overnight stays. Yes or No

Have you lived in Europe over the past 15 years for 6 months or longer? Yes or No

Insurance Info

Do you have medical insurance?

When does it expire?

Type of coverage?

Premium amount?

Who pays the premium?

Is the policy thru an employer and who is employed and where?

Name of health insurance carrier?

Health insurance id number and contact information?

Physical Characteristics

Height

Weight

Blood type

Complexion

Eye Color

Body type (small, medium, large)

Pants size

Natural hair color/texture

Personal Health History

Vision with corrective lenses: ___excellent ___good ___fair ___poor

Do you wear contacts or glasses?

Hearing: ___excellent ___good ___fair ___poor

Teeth: ___excellent ___good ___fair ___poor

Do you use tobacco?/How much and often?

Do you drink alcohol?/How much and often?

Have you ever taken recreational drugs?

If yes, what drug, dosage, and when?

Diet: ___excellent ___good ___fair ___poor

Vegetarian?

Exercise – Yes or No

What exercise, frequency, and how long?

Allergies including food, medicine or environment?

Do you have any health problems?

Are you currently taken any medications, either prescription or over the counter, and why?

Have you had any body piercing/tattoos within the last year?

Have you ever donated eggs before? When and where?

Have you ever donated blood or had a blood transfusion?

Have you had any major radiation or x-ray exposure?

Have you ever had any jobs, hobbies, or activities that could have exposed you to chemicals, drugs, or gasses?

Personality Characteristics

Describe your personality?

What kinds of hobbies or activities do you enjoy?

What made you decide to become a surrogate?

Have you ever been a surrogate and when?

Have you applied to other surrogacy programs, if so which?

Have you ever been arrested or convicted of a crime (give dates and details)?

Fertility History

Date of your last pap smear and results?

Age of first menstrual cycle?

Are your cycles regular?

Average length of each cycle?(first day of your period to start of next period)

How many days does your period last?

Have you ever been told you were infertile?

What methods of birth control are you using?

What methods of birth control have you used?

How many sexual partners have you had in the last year? Last 6 months?

Number of children born to you, names, dates of birth, type of delivery, and types of complications during pregnancy and delivery of each?

Ever had a miscarriage? When?

Ever had an abortion? When?

Ever had a child born stillborn? When?

Name, address, and phone number of current obstetrician/gynecologist?

Number of surgeries you have had, dates of each, reasons, and results?

Would you consider being a surrogate for the following:

A couple that is different race than you?

An infertile couple?

An interracial couple?

A fertile couple?

A couple of a different religion?

A gay or lesbian couple?

A single man?

A single woman?

A couple out of state?

A couple from a different country?

A couple that spoke a different language?

What qualities are you looking for in prospective parents?

Under what circumstances would you not work with a couple?

What kind of relationship would you like with the intended parents during pregnancy? After the birth? With the child?

What reassurance can you give that you will not change your mind about relinquishing all of your parental rights?

Would you allow the intended parents to be present at the birth?

What emotional support do you expect to receive from your family?

What kind of involvement or contact do you desire to have with the intended parents?

What kind of contact do you desire with the intended parents after the birth?

If it were medically necessary to terminate the pregnancy or undergo selective reduction would you allow the intended parents to make that decision and why?

Do you have objections to carrying multiples and how many?

Has anyone in your family, including siblings, mother, father, aunts, uncles, cousins, or grandparents had any of the following conditions?

YES

NO

WHO

Downs Syndrome

Mental Retardation

Seizure Disorder

Cancer

Diabetes

Uterine Fibroids

Suicide Attempt

Insanity

Muscular Dystrophy

Premature Memory Loss (before 50)

Deafness (before 60)

Blindness

Cartaracts (before 40)

Schizophrenia or manic depressiveness

Serious Birth Defects

Cleft Lip or Palate

Clubfoot

Spina Bifida (open spine or water on the brain)

Congenital Heart Defects

Thyroid Defects

Progressive Kidney Disease

Skin Disease

Cystic Fiberocious

Arthritis (before 50)

Bleeding tendencies like hemophilia

Asthma

Allergies

Liver Disease

Obesity

Alcoholism

Learning Disability

High Blood Pressure

Migraine Headaches

Eating Disorders (i.e. bulimia or anorexia)

Name, age, hair color, eye color, height, weight, occupation, and quality of health of the following relatives:

Paternal grandfather

Paternal grandmother

Maternal grandfather

Maternal grandmother

Father

Mother

Spouse

Siblings

Children

For you partner

How do you feel about your partner participating in a surrogacy program?

Describe your relationship?

Are you supportive of the desire of your partner to become a surrogate?