LANSING INSTITUTE OF UROLOGY, P.C.
INFERTILITY QUESTIONNAIRE

Patient Name: _____

Work History

Occupation_____

Employer _____

Are you ever exposed to any of the following? ☐Yes ☐No

Chemicals of solvents and their fumes? ☐Yes ☐No

Temperature extremes (cold or hot)? ☐Yes ☐No

X-rays or radio-isotopes? ☐Yes ☐No

Is your occupation stressful? ☐Yes ☐No

Sexual Activity History

How frequently do you have intercourse?

Do you obtain an erection easily? ☐Yes ☐No

Do you ever ejaculate prior to penetration for intercourse? ☐Yes ☐No

Is intercourse ever painful to you? ☐Yes ☐No

Is intercourse ever painful for your partner? ☐Yes ☐No

Is her vagina ever so tight that you cannot penetrate? ☐Yes ☐No

Do you use any form of lubrication for intercourse? ☐Yes ☐No

Have you had a prior child(ren)? ☐Yes ☐No

Have you ever impregnated someone? ☐Yes ☐No

How long have you been trying to have children? _____

Medical History

Have you ever had blood in your semen (during ejaculation)? ☐Yes ☐No

If yes, when? _____

Have you had an infection of your urinary tract? ☐Yes ☐No

If yes, when? _____

Have you ever had mumps? ☐Yes ☐No

If yes, did it affect your testicles? ☐Yes ☐No

Have you ever had a veneral infection (VD or gonorrhea)? ☐Yes ☐No

Did you have undescended testicles at birth? ☐Yes ☐No

Did you have hernia, scrotal, or testicular surgery? ☐Yes ☐No

Have you ever been on prolonged bed rest? ☐Yes ☐No

If yes, for what and when? _____

Have you ever had trauma (injury) to your testicles? ☐Yes ☐No

Have you ever had a white, green, or yellow discharge from the end of your penis? ☐Yes ☐No

Do you frequently take hot baths, saunas, or steam baths? ☐Yes ☐No

Do you wear jockey shorts? ☐Yes ☐No

Did you ever receive medication for cancer? ☐Yes ☐No

Did you ever receive radiation? ☐Yes ☐No

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