

SPERM Study Questionnaire					
What is your age?			How long have you abstained for the test today?		
What is your ethnicity?					
White	Mixed	Asian or Asian British	Black or Black British	Chinese or Chinese British	Other
[]	[]	[]	[]	[]	[]
What is your height			What is your weight		
Have you had a vasectomy?		Have you conceived previously? (current or previous partner)			
Yes []	No []	Yes []		No []	
Have you tested positive for a blood borne disease (e.g. HIV or Hepatitis)?			Are you aware that you currently have a Sexually Transmitted Infection? (e.g.chlamydia)		
Yes []		No []		Yes []	
				No []	
Which medications have you taken in the past 3 months?					
Have you received treatment for cancer within the 2 past years?					
Yes []			No []		
Are you taking any dietary supplements or multivitamins? If so which ones?					
Do you drink alcohol?		In a typical week how many units of alcohol do you consume?			
Yes []	No []	_____units			
Do you smoke tobacco?		In a typical day how many cigarettes/ cigars/ pipes do you smoke?			
Yes []	No []	_____cigarettes/ cigars/ pipes			
Which of these apply to you over the past 3 months:					
Regular use of a bicycle or motorcycle		[]	Had a fever of two weeks or more		[]
Wearing tight underwear or jeans		[]	Activities that warm your groin		[]
Use of a laptop on lap		[]	Use of glues, paints or solvents		[]
Use hot-tubs or saunas		[]	Exposed to lead at work		[]
Work in a hot environment (e.g. kitchen)		[]	Any night shifts or sleep disorders		[]
Please provide more information below:					