PREGNANCY AND CONCEPTION FORM
For Males

Final Version 1.1, 11/286/2017

Subject ID

This form asks questions about pregnancies where you have been the father.

1. Have you ever fathered a baby?

   ☐ No → **SKIP TO QUESTION 10 ON THE BACK OF THIS FORM**
   ☐ Yes

2. How many times have you fathered a baby? Please be sure to include any pregnancies that are current or ended in a live birth, miscarriage, stillbirth, or abortion. Enter the total number on the line below.

   _____ total number of pregnancies where you have been the father

INSTRUCTIONS FOR QUESTIONS 3-9:
As you answer the questions on the following 2 pages, please think about each of the pregnancies where you have been the father. Start with the earliest pregnancy, listing it in the first column labeled "1st pregnancy". From there, work forward until you have provided information about all of the pregnancies you listed in question 2 above. Then go to the back page and answer the remaining questions. Tell the study coordinator if you have fathered more than 8 pregnancies.

		1st pregnancy	2nd pregnancy	3rd pregnancy
3.	In what month and year did this pregnancy end (or due date if currently pregnancy)?	_____ / _____ Month / Year	_____ / _____ Month / Year	_____ / _____ Month / Year
4.	What was the outcome of this pregnancy?	☐ Live birth ☐ Still birth ☐ Miscarriage ☐ Abortion ☐ Currently pregnant	☐ Live birth ☐ Still birth ☐ Miscarriage ☐ Abortion ☐ Currently pregnant	☐ Live birth ☐ Still birth ☐ Miscarriage ☐ Abortion ☐ Currently pregnant
5.	Were you taking hydroxyurea at the time of conception (when the pregnancy started) or within the month before conception?	☐ No ☐ Yes ☐ Don't remember	☐ No ☐ Yes ☐ Don't remember	☐ No ☐ Yes ☐ Don't remember

**** Answer Questions 6 – 9 below only if the pregnancy ended in a live birth**

		1st pregnancy	2nd pregnancy	3rd pregnancy
6.	How many babies were born with this pregnancy?	_____ # of babies	_____ # of babies	_____ # of babies
7.	Was the baby (or babies) born prematurely?	☐ No, not born prematurely ☐ Yes → enter how many weeks of gestation _____	☐ No, not born prematurely ☐ Yes → enter how many weeks of gestation _____	☐ No, not born prematurely ☐ Yes → enter how many weeks of gestation _____
8.	Did any of the babies in this pregnancy weigh **less than 5.5 pounds** at the time of birth?	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know
9.	Did a doctor ever say a baby from this pregnancy had low birth weight, a birth defect, a genetic condition, or another serious medical problem related to birth?	☐ No ☐ Yes → What condition?	☐ No ☐ Yes→ What condition?	☐ No ☐ Yes→ What condition?

		4th pregnancy	5th pregnancy	6th pregnancy
3.	In what month and year did this pregnancy end (or due date if currently pregnant)?	_____ / _____ Month / Year	_____ / _____ Month / Year	_____ / _____ Month / Year
4.	What was the outcome of this pregnancy?	☐ Live birth ☐ Still birth ☐ Miscarriage ☐ Abortion ☐ Currently pregnant	☐ Live birth ☐ Still birth ☐ Miscarriage ☐ Abortion ☐ Currently pregnant	☐ Live birth ☐ Still birth ☐ Miscarriage ☐ Abortion ☐ Currently pregnant
5.	Were you taking hydroxyurea at the time of conception (when the pregnancy started) or within the month before conception?	☐ No ☐ Yes ☐ Don't remember	☐ No ☐ Yes ☐ Don't remember	☐ No ☐ Yes ☐ Don't remember

**** Answer Questions 6 – 9 below only if the pregnancy ended in a live birth**

		4th pregnancy	5th pregnancy	6th pregnancy
6.	How many babies were born with this pregnancy?	_____ # of babies	_____ # of babies	_____ # of babies
7.	Was the baby (or babies) born prematurely?	☐ No, not born prematurely ☐ Yes → enter how many weeks of gestation _____	☐ No, not born prematurely ☐ Yes → enter how many weeks of gestation _____	☐ No, not born prematurely ☐ Yes → enter how many weeks of gestation _____
8.	Did any of the babies in this pregnancy weigh **less than 5.5 pounds** at the time of birth?	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know	☐ No ☐ Yes ☐ Don't know
9.	Did a doctor ever say a baby from this pregnancy had low birth weight, a birth defect, a genetic condition, or another serious medical problem related to birth?	☐ No ☐ Yes → What condition?	☐ No ☐ Yes→ What condition?	☐ No ☐ Yes→ What condition?

10. Have you ever had a painful continuous erection, which is also called priapism?

    ☐ No
    ☐ Yes

11. Has there ever been a time in your life during which you weren't able to get your partner pregnant despite 12 or more months of regular unprotected intercourse?

    ☐ No → **FORM COMPLETE**
    ☐ Yes

12. Did you ever go to a doctor or other medical care provider to talk about ways to help you father a baby?

    ☐ No → **FORM COMPLETE**
    ☐ Yes → **GO TO QUESTION 13**

13. Which of the following services did you have to help you father a baby? Check all the apply.

    ☐ Advice
    ☐ Infertility testing
    ☐ Surgery to reverse a vasectomy
    ☐ Treatment for varicocele
    ☐ Other types of medical help

14. When you went for medical help to father a baby, were you ever told that you had any of the following male infertility problems? Check all that apply.

    ☐ Sperm or semen problems
    ☐ Varicocele
    ☐ Other
    ☐ None of the above

This is the END of the survey. Thank you for your participation. Please return the form to the study coordinator.