Stony Brook Medicine
Stony Brook Urology

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Male Fertility Evaluation Questionnaire

Date: _____ Referring Physician:_____

Name: _____ Age: _____

Marital Status: Married Single Other Years with partner: _____

Prior Contraceptive Used: None Pill Condom Spermicide IUD Other

Length of time trying to conceive: _____ (months)

Prior Pregnancies with this current partner: Yes No

If Yes, number of children & ages: _____

Prior Pregnancies with other partners:

Female Partner: Yes No Number of children & ages: _____

Male Partner: Yes No Number of children & ages: _____

Medical History:

Medical problems or illnesses: _____

_____

_____

Surgeries: _____

_____

_____

Medications: _____

_____

_____

Family History

Any fertility problems in brothers or sisters?

_____

_____

Any history of cystic fibrosis in the family? Yes No

Risk Factors

Occupation: _____

What age did puberty occur: _____

Did you ever have the following?

Mumps in the testicles:	Yes	No
An infection in the testicles	Yes	No
An undescended testicle	Yes	No
Damage or injury to the testicles	Yes	No
Fever in the last months >100.4F	Yes	No
Sexually transmitted diseases	Yes	No

Are you exposed to or have you been exposed to:

Pesticides (other than use in the home or yard)	Yes	No
Radiation or X-rays (other than normal chest x-ray)	Yes	No
Heat (regular hot tub, bathtub, sauna, steam room)	Yes	No
Drugs (marijuana, cocaine, opiates, steroids)	Yes	No

If yes please list: _____

_____

_____

Do you, or did you ever, smoke or vape? Yes No

If yes, how much and for how long: _____

How much alcohol do you drink?

None Less than 1-2 per day 1-2 per day 3 or more per day

Sexual History

Frequency of intercourse: _____ (times per week)

Lubrication use during intercourse: None Other: _____

Masturbation: _____ (times per month)

Are you able to obtain erections adequate for intercourse: Yes No

Do you ejaculate with intercourse: Yes No

Does your wife have pain with intercourse: Yes No

Questions about female partner

Name: _____

Age: _____

Name of Gynecologist: _____

Testing completed: HSG Ultrasound Urine test for ovulation

Other: _____