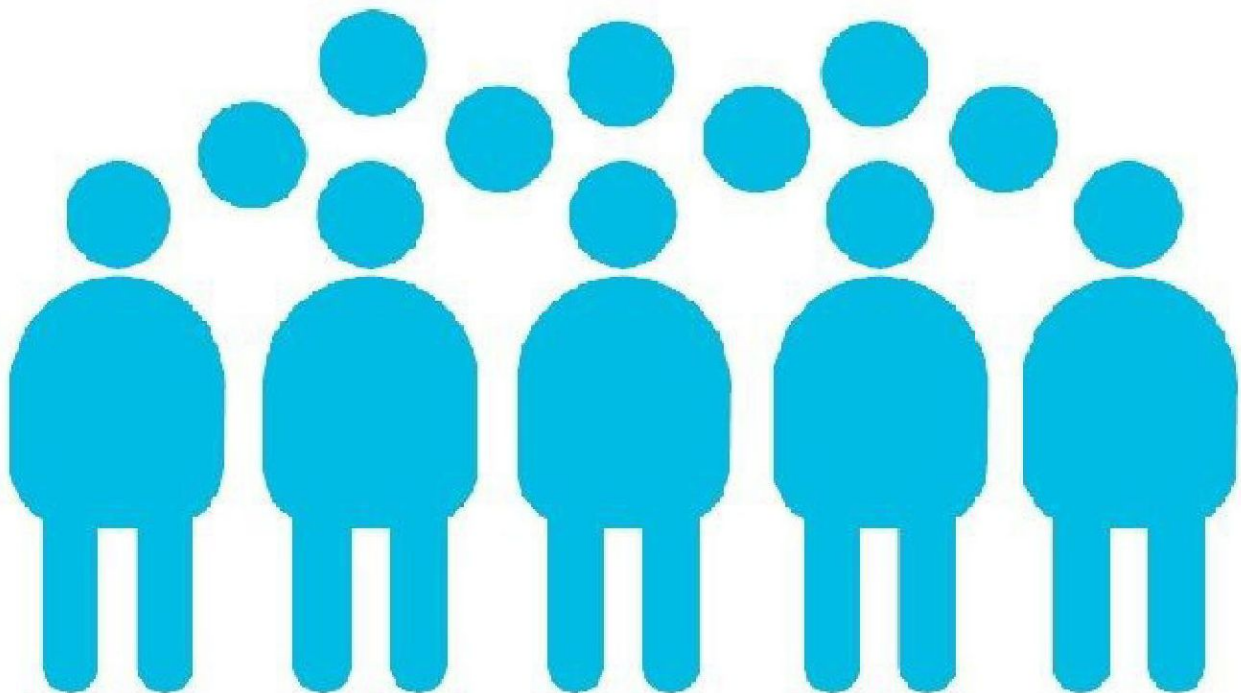


Extended Profile

Catalogue # 1487

London
Sperm
Bank



Date: 12-Feb-18

DONOR PROFILE

GENERAL INFORMATION

Year of Birth: 1988

Place of Birth: United States of America

Racial Group/Color Code:

Caucasian

Black/Black

Asian/Yellow

Other/Red

Ethnic Origin/Ancestry:

Mother: Asian/Mexican

Father: German/Scandinavian

Religion Born Into:

Donor: None Mother: None Father: Catholic

If Jewish:

Ashkenazi

Sephardic

Oriental

Height: 5'11

Weight: 200 lbs

Eye Color: Brown

Hair Color: Dark Brown

Hair:

balding

thin

average

thick

Hair Type:

curly

wavy

straight

Corrective Lenses:

Yes

No

Corrective Eye Surgery

Yes

No

Blood Type: A +

Bone Structure:

Small

Medium

Large

Very Large

Are you predominately:

right-handed

left-handed

ambidextrous

Other distinguishing features (dimples, cleft chin, Roman nose, etc.): dimples

Skin Characteristics:

Freckles:

None

Few

Many

Very fair (little to no ability to tan on sun exposure)

Fair (skin will tan lightly on sun exposure)

Medium (light color but will tan moderate to dark)

Olive (pigmentation of unexposed skin)

Light

Moderate

Dark

Dark (unexposed skin)

Light tan

Dark Tan

Brown

Black

EDUCATIONAL BACKGROUND

(check highest level attained)

High School

1

2

3

4

GPA: 3.9

College/University

1

2

3

4

GPA: 3.5

B.A.

B.S.

Major Area of Study: Geography

Post Graduate

1

2

3

4

5+

GPA: _____

Major:

Degrees Attained:

M.A.

M.S.

Ph.D.

M.D.

J.D.

D.D.S.

Other:

PERSONAL CHARACTERISTICS

(Please describe in some detail)

What is your native language?

My native language is English.

What other languages do you speak?

I know some Spanish from high school. I have retained enough of the language to understand basic words and phrases.

Math Skills/Ability:

In school, math was a subject I was always able to excel in. My arithmetic skills are advanced, and I can estimate spatial areas and distance accurately with the naked eye.

Mechanical Skills:

I possess intermediate mechanical skills. With automobiles I know how to perform basic maintenance repairs such as oil and oil filter changes, belt replacements, bulb replacements, etc. However, more advanced repairs require taking my vehicle to a trusted mechanic. Furthermore, through my occupation with the US Forest Service, I have attained advanced mechanical skills when servicing and repairing chainsaws and other similar two-stroke engines. I can rebuild a chainsaw from ground up.

Athletic Skills:

I am fairly athletic and through hard work and dedication to self-improvement while playing sports in middle school and high school, I was able to develop myself into a decent athlete. I am naturally strong, especially my lower body which aids in jumping, leaping, bounding, etc. My hand-eye coordination is above average, and my core strength is advanced which allows me to catch objects and change direction quickly, respectively, while engaged in athletic activities.

What is your favorite sport?

My favorite sport is football. I was a three sport athlete from middle school through high school (football, basketball, track), and my most prominent sports memories come from football. I think it is the team aspect and the brotherhood developed among classmates that forms a unique bond in football. I did not play football at the collegiate level but college football is my favorite thing to watch come fall.

What are your Hobbies/Interests/Talents:

I am mathematically inclined, and when I was elementary school aged my mom would play classical music while I drew pictures or played with toys. Years later, I realized how well developed I was musically and taught myself how to play guitar when I was 20. Over the last decade, writing and playing music has become my favorite hobby and my best talent. Also, I am an avid outdoorsman. My parents took me on my first hike when I was 4, and it was a steep three and one half mile hike one way. Hiking is not only one of my strengths but also one of my passions. In fact, my occupation as a wildland firefighter requires people to be strong hikers. I love hunting, fishing, backpacking, camping, and exploring. I am passionate about hunting as well, and I pride myself in doing things ethically.

Describe your artistic ability:

I am musically inclined, and I express myself best through music and singing. I find writing my own music or even performing other people's music to be extremely liberating and fulfilling. I also drew a lot as a kid - mostly of things I had seen such as mountains and railroads. The drawings fairly decent for a young kid.

What are your favorite foods?

Since I am an avid big game hunter, my favorite food is deer and elk. The animals I harvest are healthy and disease-free so their meat is lean and low-fat. With that being said, deer and elk steaks, chili, jerky, and roasts in particular are very delicious. I also enjoy eating navel oranges, wild huckleberries, avocado, roasted mushrooms, almonds, and sweet potatoes.

What is your favorite color?

My favorite color is blue. When I was a toddler I was always attracted to blue objects. In the present day I am still drawn to blue cars, trucks, and buildings.

Do you like animals? If so, which is your favorite?

I do like animals, and my favorite animal is a dog, and more specifically, a yellow labrador retriever. My brother has two yellow labs and they are my two favorite animals. They are so full of life and joy. I also enjoy looking at wildlife. Some animals I like viewing are deer, elk, antelope, and buffalo. Many birds catch my attention as well such as song birds, waterfowl, and birds of prey - hawks, falcons, and eagles.

To where would you like to travel and why?

I would like to travel to Mexico someday. I have been to one other country in my lifetime and that is Canada. However, I have yet to make it south of the border. I hear there are so many places to travel to in Mexico such as Cancun, Cabo, Rocky Point, etc. I also feel that part of my heritage is from Mexico since some of my ancestors came from there and it would be good to see where I come from.

How would you describe your personality?

I have a rather reserved, introverted personality type where I do things by myself and stay in my own "bubble". I am very independent and often will not ask others for help. I am genuine and kind, and I feel comfortable opening up to others when I get to know them on a deeper level. I tend to observe rather than speak. Sometimes others are taken aback at my comments and responses due to how direct and concise I like to state things. I also do not embellish, and I enjoy telling people facts rather than stories.

What is your ultimate ambition or goal in life and how do you see yourself in twenty years?

My ultimate goal in life is to achieve a state of absolute peace and happiness. Through a healthy and active relationship with my higher self (I am spiritual) and with the ones I hold dear to my heart, I will achieve my goal. In twenty years, I will be reaching two decades in marriage to my soulmate, and I will have lived a full and happy life while maintaining a steady job and raising my step daughter and step son to be genuine, kind, respectful people. Also, I will be nearing retirement and would by now have a cabin in the woods built on a parcel of land where my wife and I frequently escape to.

ADDITIONAL ACADEMIC INFORMATION

SAT Scores: Verbal 450 Math 660 Total 1110
LSAT MCAT GRE
GMAT Other

FERTILITY HISTORY

Do you have any children? No biological children. Step-father to 1 boy and 1 girl.

If yes, how many male children? None female children? None

For each child, please give age, and list any health problems:

Age Special Health Problems

Have you ever been responsible for any pregnancies other than those listed above? No Yes

If yes, what year did it occur?

Have you ever been refused as a blood donor? No Yes

If yes, explain:

Has anyone in your family had difficulty in achieving pregnancy? No Yes

If yes, explain:

Are there any twins or triplets in your family? No Yes

If yes describe:

FAMILY MEDICAL HISTORY

Note: The following questions require knowledge about your family's medical history. You may wish to have your mother or father assist you in obtaining the necessary information.

Has any member of your family, including yourself, had a problem or defect at birth in any of the following body systems?

- | | | |
|--|--|------------------------------|
| 1. Circulatory system | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes |
| 2. Gastrointestinal system | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes |
| 3. Genital/urinary system | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes |
| 4. Metabolic (hormones, enzymes, etc.) | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes |
| 5. Nervous system (brain, spinal cord, etc.) | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes |
| 6. Respiratory system | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes |
| 7. Skeletal system (bones, joints, muscles) | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes |
| 8. Organ (heart, lung, kidney, etc.) | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes |
| 9. Other: | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes |

If yes to any of the above, please list below the specific defect in each case.

Type of birth defect	Affected family member	Age at diagnosis	Relevant circumstances

Do you have any brothers or sisters who died in infancy or childhood? No Yes

If yes, what was the cause?

Are there any diseases or abnormalities that appear to run in your family? No Yes

If yes, indicate the disease(s) and the family member(s) affected.

Has anyone in your family, including yourself, experienced recurring and/or chronic symptoms that have not been evaluated by a physician? (Please include those symptoms that you may not consider serious.)

No Yes

If yes, please describe:

Relatives	Mother	Father	Siblings		Grandparents				Aunts		Uncles		Maternal Cousins		Paternal Cousins		
			F	M	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	M	F	M	
Indicate number of relatives →	1	1	0	1	1	1	1	1	1	4	4	2	1	3	1	2	4

Medical Problem	You	Mother	Father	Siblings		Grandparents				Aunts		Uncles		Maternal Cousins		Paternal Cousins		No one	
				F	M	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	M	F	M		
1. Cardiovascular																			
A. congenital heart defect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. atherosclerosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. arteriosclerosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D. heart attack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E. high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G. other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Blood																			
A. anema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. sickle cell anemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. hemophilia or other bleeding problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D. leukemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. immune deficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
F. other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Respiratory (lungs)																			
A. hay fever	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D. tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E. lung cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Skin																			
A. acne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. eczema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. melaroma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D. skin cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E. pigmentation disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
F. other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: 1E) one maternal aunt @ 29, treated w/medication; one maternal uncle @ 34, treated w/ medication - both doing fine. 1G) same maternal uncle has heart arrythmia @41, had stent put in, is fine. 2D) maternal grandfather diagnosed with AML leukemia @ 57, died @ 59. 3A) all developed hay fever as children except for father who developed it @ 40 & one paternal male cousin who

developed hay fever as child. 3B) one maternal aunt @ 25, treated w/medication, doing fine. 3E) paternal grandfather diagnosed with lung cancer, died @ 79. 3F) brother diagnosed with pneumonia @ 10, treated w/medication, full recovery. 4B) maternal uncle diagnosed with severe eczema as a baby, don't know treatment, full recovery.

Medical Problem	You	Mother	Father	Siblings		Grandparents				Aunts		Uncles		Maternal Cousins		Paternal Cousins		No one	
				F	M	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	M	F	M		
5. Gastro-Intestinal																			
A. ulcer of stomach or duodenum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. gall stones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. hepattis A (infectious)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. hepattis B (serum)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E. other iver disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. colon cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. ulcerative colitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
H. Crohr's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I. cystic fibrosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. intestinal cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
K. other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Urinary																			
A. kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. disease of the urinary tract (urethra, bladder, ureter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Genital/Reproductive system																			
A. undescended testicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. hypospadias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. prostate cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D. uterine fibroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E. ovarian cysts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
F. cancer of cervix or uterus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G. breast cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
H. ovarian cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: 5A) father diagnosed with Hepatitis A @ 22, received treatment, full recovery. 5F) one paternal aunt diagnosed with colon cancer @ 53, was a heavy smoker, died @ 54. 5K) father diagnosed with biliary dyskinesia @ 55, controlled through diet, doing fine; paternal grandmother had issues with gall bladder while in her late 60s and subsequently had it removed @ 70, doing fine.

Medical Problem	You	Mother	Father	Siblings		Grandparents				Aunts		Uncles		Maternal Cousins		Paternal Cousins		No one	
				F	M	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	M	F	M		
8. Metabolic/Endocrine																			
A. diabetes mellitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. thyroid cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. thyroid disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E. goiter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
F. adrenal dysfunction or disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G. other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Neurological																			
A. migraines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. mental retardation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. senility before age 50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D. Alzheimer's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E. multiple sclerosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
F. epilepsy or seizure disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
H. hydrocephalus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I. disorders of spinal cord	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Huntington's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
K. Gaucher disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Wilson's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M. delay in growth and/or development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. learning disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O. other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Mental Health																			
A. schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. manic depressive illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. other mental health disorders requiring hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D. severe depression with periods of inability to function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E. other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: 8C) maternal uncle diagnosed with thyroid cancer @ 51, treated w/ radioactive iodine ablation and multiple surgeries, current status of cancer is unknown at this time but he is doing well and actively engaged in life and work. 9O) maternal grandmother diagnosed with moderately severe senile dementia @ 76, treated w/ medication, she is in excellent health and still living independently without any home care.

Medical Problem	You	Mother	Father	Siblings		Grandparents				Aunts		Uncles		Maternal Cousins		Paternal Cousins		No one	
				F	M	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	M	F	M		
11. Muscles/Bones/Joints																			
A. muscular dystrophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. other chronic muscle disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. lupus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. deformity of spine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E. osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
F. dwarfism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G. hereditary low back disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
H. arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. gout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Sight/sound/smell																			
A. deafness before age 60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. significant hearing loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. deformity of the ear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D. cataracts before age 50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E. blindness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
F. color blindness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G. glaucoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
H. deviated septum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I. any other sight/sound/smell disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Other																			
A. alcoholism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. drug abuse, misuse, or addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. any other cancer not mentioned above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D. any other condition not mentioned above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments: 11C) one paternal aunt diagnosed with lupus @ 54, treated w/ medication, doing well. 11H) paternal uncle diagnosed with rheumatoid arthritis @ 51, treated w/ medication, doing well.

PERSONAL HEALTH HISTORY

Do you currently have any allergies? No Yes

If yes, they are to: Food Drugs Plants Other

Please list specific substances and reaction (s) produced:

Substance	Reaction
Penecillin	Occurred during infancy - anaphylactic reaction

Describe any childhood allergies you had: As a childhood, I was allergic to freshly cut hay, timothy grass, and ocean spray (woody plant in the Inland Northwest). Basically, I would develop a hay fever that was accommodated by a sore throat, itchy/runny nose, and red/itchy eyes. I would take an anti-histamine to deal with the effects.

How is your vision (without corrective lenses)? Excellent Good Fair Poor

Do you wear corrective lenses? No Yes Your vision is: Good with corrective lenses and/or contacts

Are you: Nearsighted Farsighted Other (specify)Astigmatism in right-eye

Have you undergone corrective eye surgery? No Yes

Do you have any hearing impairments? No Yes
If yes, please describe:

Condition of your teeth (check one): Good Fair Poor

Your diet is: Good Fair Poor

Any dietary restrictions? None

Dietary supplements (vitamins, etc.)?None

How often do you exercise? Regularly Occasionally Rarely

Type of exercise: Cardiovascular/Aerobic, Strength Training, High-Intensity Interval Training, Yoga

Have you ever had surgery? No Yes

If yes, please list all surgeries:

- 1) Right ankle
- 2)
- 3)
- 4)

Year: 2004
Year:
Year:
Year:

Have you had any hospitalization not already mentioned? No Yes

If yes, please explain:

PERSONAL HEALTH HISTORY
(Continued)

Have you had major x-ray exposure or other radiation exposure? No Yes

If yes, please explain:

Have you or your sexual partners ever had:	Myself	Partner	When
NSU (non-specific urethritis)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Chlamydia	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Genital Warts (HPV)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Genital Herpes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Other (s) Type (s):	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Have you ever been treated for any sexually-transmitted disease(s)? No Yes

If yes, for which disease(s):

When? Details?

When was the last time that you were treated?

Have you ever had any major illnesses such as amoebic dysentery, hepatitis, pneumonia, mononucleosis, etc.? No Yes

If yes, please explain:

Do you have any chronic medical problems or conditions? No Yes

If yes, please explain:

Have you ever been exposed to herbicides or toxic chemicals? No Yes

If yes, please explain:

Have you ever served in the military? No Yes

If yes, please explain:

PERSONAL HEALTH HISTORY

(Continued)

Please list any medications you are currently taking: Zoloft - 50 mg/day

Please list any prescription, non-prescription or recreational drugs that you have used or are currently using.

Describe any drug use as indicated below.

Name of Drug	Date Started	Date Ended	Frequency of use	How used?
Zoloft	01/2017	Still taking	once per day	oral ingestion/pill

How many alcoholic drinks do you consume during an average week? 3-5

Have you ever had a drinking problem? No Yes

If yes, describe:

Have you ever been treated for alcohol or drug abuse? No Yes

If yes, describe:

Do you smoke cigarettes? No Yes

If yes, how many packs/day?

How long have you been smoking regularly?

FAMILY HISTORY SECTION

The following pages contain detailed information regarding the donor's family members. There is one page of information for each family member, including his parents, siblings, grandparents, aunts and uncles. If the donor has more than one sister, you will find more than one page with the title, "Sister of Donor". If the donor has no sisters, this page will be blank. The same applies to brothers, aunts and uncles.

For a summary of the number of family members, please refer to the top portion of page 6 in this profile.

FAMILY HISTORY

Mother of Donor

Year of Birth 1962

Place of Birth: USA

Racial Group:

Caucasian Black Asian Other

If Jewish:

Ashkenazi Sephardic Oriental

Height: 5' 6" Weight: 150lbs Eye Color: Brown Hair Color: Dark Brown

Hair:

Balding
 Thin
 Average
 Thick

Hair Type:

Curly
 Wavy
 Straight

Vision:

Excellent
 Good
 Fair
 Poor

Bone Structure:

Small
 Medium
 Large
 Very Large

Other distinguishing features (dimples, cleft chin, Roman nose, etc.): None

Skin Characteristics

Freckles: None Few Many

Very fair (little to no ability to tan on sun exposure)
 Fair (skin will tan lightly on sun exposure)
 Medium (light color but will tan moderate to dark)
 Olive (pigmentation of unexposed skin) Light Moderate Dark
 Dark (unexposed skin) Light tan Dark Tan Brown Black

Occupation: Elementary School Librarian

Education: College Graduate

Special Skills or Characteristics:

If living, describe her health: Excellent Good Fair Poor

If deceased, give cause and age at time of death:

What kind of person is/was she?

Optimistic	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Pessimistic
Assertive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	Passive
Leader	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Follower
Easy going	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Controlling, rigid

FAMILY HISTORY

Father of Donor

Year of Birth 1961

Place of Birth: Tucson, AZ

Racial Group:

Caucasian Black Asian Other

If Jewish:

Ashkenazi Sephardic Oriental

Height: 6' 1" Weight: 190lbs Eye Color: Blue/Green Hair Color: Brown (Blond as a kid)

Hair:

Balding
 Thin
 Average
 Thick

Hair Type:

Curly
 Wavy
 Straight

Vision:

Excellent
 Good
 Fair
 Poor

Bone Structure:

Small
 Medium
 Large
 Very Large

Other distinguishing features (dimples, cleft chin, Roman nose, etc.):

Skin Characteristics

Freckles: None Few Many

Very fair (little to no ability to tan on sun exposure)
 Fair (skin will tan lightly on sun exposure)
 Medium (light color but will tan moderate to dark)
 Olive (pigmentation of unexposed skin) Light Moderate Dark
 Dark (unexposed skin) Light tan Dark Tan Brown Black

Occupation: Forester

Education: College Graduate

Special Skills or Characteristics:

If living, describe his health: Excellent Good Fair Poor

If deceased, give cause and age at time of death:

What kind of person is/was he?

Optimistic	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Pessimistic
Assertive	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Passive
Leader	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Follower
Easy going	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Controlling, rigid

FAMILY HISTORY

Brother of Donor

Year of Birth 1985

Place of Birth: Tucson, AZ

Relationship to Donor:

- Full sibling
 Half sibling: maternal paternal
 Adopted into family (DO NOT COMPLETE THIS FORM)

Height: 6' 2" Weight: 185lbs Eye Color: Brown Hair Color: Dark Brown

Hair:

- Balding
 Thin
 Average
 Thick

Hair Type:

- Curly
 Wavy
 Straight

Vision:

- Excellent
 Good
 Fair
 Poor

Bone Structure:

- Small
 Medium
 Large
 Very Large

Other distinguishing features (dimples, cleft chin, Roman nose, etc.):

Skin Characteristics

Freckles: None Few Many

- Very fair (little to no ability to tan on sun exposure)
 Fair (skin will tan lightly on sun exposure)
 Medium (light color but will tan moderate to dark)
 Olive (pigmentation of unexposed skin) Light Moderate Dark
 Dark (unexposed skin) Light tan Dark Tan Brown Black

Occupation: Elementary Physical Education/Health Teacher

Education: College Graduate, M.S.

Special Skills or Characteristics:

Does he have any children? No Yes

If yes, how many female children? male children?

If living, describe his health: Excellent Good Fair Poor

If deceased, give cause and age at time of death:

What kind of person is/was he?

- | | | | | | |
|------------|----------------------------|---------------------------------------|---------------------------------------|----------------------------|--------------------|
| Optimistic | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | Pessimistic |
| Assertive | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | Passive |
| Leader | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | Follower |
| Easy going | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input checked="" type="checkbox"/> 3 | <input type="checkbox"/> 4 | Controlling, rigid |

FAMILY HISTORY

Maternal Grandmother of Donor

Year of Birth 1939

Place of Birth: Tucson, AZ

Racial Group:

Caucasian Black Asian Other

If Jewish:

Ashkenazi Sephardic Oriental

Height: 5' 4" Weight: 120lbs Eye Color: Brown Hair Color: Dark Brown

Hair:

Balding
 Thin
 Average
 Thick

Hair Type:

Curly
 Wavy
 Straight

Vision:

Excellent
 Good
 Fair
 Poor

Bone Structure:

Small
 Medium
 Large
 Very Large

Other distinguishing features (dimples, cleft chin, Roman nose, etc.):

Skin Characteristics

Freckles: None Few Many

Very fair (little to no ability to tan on sun exposure)
 Fair (skin will tan lightly on sun exposure)
 Medium (light color but will tan moderate to dark)
 Olive (pigmentation of unexposed skin) Light Moderate Dark
 Dark (unexposed skin) Light tan Dark Tan Brown Black

Occupation: Homemaker

Education: High School Graduate

Special Skills or Characteristics: None

If living, describe her health: Excellent Good Fair Poor

If deceased, give cause and age at time of death:

What kind of person is/was she?

Optimistic	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Pessimistic
Assertive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	Passive
Leader	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	Follower
Easy going	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Controlling, rigid

FAMILY HISTORY

Maternal Grandfather of Donor

Year of Birth 1930

Place of Birth: Canton, China

Racial Group:

Caucasian Black Asian Other

If Jewish:

Ashkenazi Sephardic Oriental

Height: 5' 9" Weight: 160lbs Eye Color: Brown Hair Color: Dark Brown

Hair:

Balding
 Thin
 Average
 Thick

Hair Type:

Curly
 Wavy
 Straight

Vision:

Excellent
 Good
 Fair
 Poor

Bone Structure:

Small
 Medium
 Large
 Very Large

Other distinguishing features (dimples, cleft chin, Roman nose, etc.):

Skin Characteristics

Freckles: None Few Many

Very fair (little to no ability to tan on sun exposure)
 Fair (skin will tan lightly on sun exposure)
 Medium (light color but will tan moderate to dark)
 Olive (pigmentation of unexposed skin) Light Moderate Dark
 Dark (unexposed skin) Light tan Dark Tan Brown Black

Occupation: Meat Cutter

Education: High School Graduate

Special Skills or Characteristics:

If living, describe his health: Excellent Good Fair Poor

If deceased, give cause and age at time of death: Died of Acute Myeloid Leukemia, age 59

What kind of person is/was he?

Optimistic	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Pessimistic
Assertive	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Passive
Leader	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Follower
Easy going	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Controlling, rigid

FAMILY HISTORY

Paternal Grandmother of Donor

Year of Birth 1933

Place of Birth: Roseau, MN

Racial Group:

Caucasian Black Asian Other

If Jewish:

Ashkenazi Sephardic Oriental

Height: 5'2" Weight: 125 lbs Eye Color: Blue/Green Hair Color: Light Brown

Hair:

Balding
 Thin
 Average
 Thick

Hair Type:

Curly
 Wavy
 Straight

Vision:

Excellent
 Good
 Fair
 Poor

Bone Structure:

Small
 Medium
 Large
 Very Large

Other distinguishing features (dimples, cleft chin, Roman nose, etc.):

Skin Characteristics

Freckles: None Few Many

Very fair (little to no ability to tan on sun exposure)
 Fair (skin will tan lightly on sun exposure)
 Medium (light color but will tan moderate to dark)
 Olive (pigmentation of unexposed skin) Light Moderate Dark
 Dark (unexposed skin) Light tan Dark Tan Brown Black

Occupation: Social Service

Education: High School Graduate

Special Skills or Characteristics:

If living, describe her health: Excellent Good Fair Poor

If deceased, give cause and age at time of death:

What kind of person is/was she?

Optimistic	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Pessimistic
Assertive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	Passive
Leader	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	Follower
Easy going	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Controlling, rigid

FAMILY HISTORY

Paternal Grandfather of Donor

Year of Birth 1929

Place of Birth: Belleville, IL

Racial Group:

Caucasian Black Asian Other

If Jewish:

Ashkenazi Sephardic Oriental

Height: 6' 1" Weight: 210lbs Eye Color: Blue/Green Hair Color: Light Brown

Hair:

Balding
 Thin
 Average
 Thick

Hair Type:

Curly
 Wavy
 Straight

Vision:

Excellent
 Good
 Fair
 Poor

Bone Structure:

Small
 Medium
 Large
 Very Large

Other distinguishing features (dimples, cleft chin, Roman nose, etc.):

Skin Characteristics

Freckles: None Few Many

Very fair (little to no ability to tan on sun exposure)
 Fair (skin will tan lightly on sun exposure)
 Medium (light color but will tan moderate to dark)
 Olive (pigmentation of unexposed skin) Light Moderate Dark
 Dark (unexposed skin) Light tan Dark Tan Brown Black

Occupation: Law Enforcement

Education: High School Graduate

Special Skills or Characteristics:

If living, describe his health: Excellent Good Fair Poor

If deceased, give cause and age at time of death: Lung cancer, age 79

What kind of person is/was he?

Optimistic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	Pessimistic
Assertive	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Passive
Leader	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	Follower
Easy going	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	Controlling, rigid

FAMILY HISTORY

Maternal Aunt of Donor

Year of Birth 1959

Place of Birth: Tucson, AZ

Racial Group:

Caucasian Black Asian Other

If Jewish:

Ashkenazi Sephardic Oriental

Height: 5' 4" Weight: 135lbs Eye Color: Brown Hair Color: Dark Brown

Hair:

Balding
 Thin
 Average
 Thick

Hair Type:

Curly
 Wavy
 Straight

Vision:

Excellent
 Good
 Fair
 Poor

Bone Structure:

Small
 Medium
 Large
 Very Large

Other distinguishing features (dimples, cleft chin, Roman nose, etc.):

Skin Characteristics

Freckles: None Few Many

Very fair (little to no ability to tan on sun exposure)
 Fair (skin will tan lightly on sun exposure)
 Medium (light color but will tan moderate to dark)
 Olive (pigmentation of unexposed skin) Light Moderate Dark
 Dark (unexposed skin) Light tan Dark Tan Brown Black

Occupation: Urban Fire Fighter

Education: College Graduate

Special Skills or Characteristics:

Does she have any children?

No Yes

If yes, how many female children?

male children?

If living, describe her health:

Excellent Good Fair Poor

If deceased, give cause and age at time of death:

What kind of person is/was she?

Optimistic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	Pessimistic
Assertive	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Passive
Leader	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Follower
Easy going	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	Controlling, rigid

FAMILY HISTORY

Maternal Aunt of Donor

Year of Birth 1964

Place of Birth: Tucson, AZ

Racial Group:

Caucasian Black Asian Other

If Jewish:

Ashkenazi Sephardic Oriental

Height: 5' 4" Weight: 135lbs Eye Color: Brown Hair Color: Dark Brown

Hair:

Balding
 Thin
 Average
 Thick

Hair Type:

Curly
 Wavy
 Straight

Vision:

Excellent
 Good
 Fair
 Poor

Bone Structure:

Small
 Medium
 Large
 Very Large

Other distinguishing features (dimples, cleft chin, Roman nose, etc.):

Skin Characteristics

Freckles: None Few Many

Very fair (little to no ability to tan on sun exposure)
 Fair (skin will tan lightly on sun exposure)
 Medium (light color but will tan moderate to dark)
 Olive (pigmentation of unexposed skin) Light Moderate Dark
 Dark (unexposed skin) Light tan Dark Tan Brown Black

Occupation: Pathologist

Education: College Graduate, M.D.

Special Skills or Characteristics:

Does she have any children? No Yes

If yes, how many female children? male children?

If living, describe her health: Excellent Good Fair Poor

If deceased, give cause and age at time of death:

What kind of person is/was she?

Optimistic	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Pessimistic
Assertive	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Passive
Leader	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Follower
Easy going	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Controlling, rigid

FAMILY HISTORY

Maternal Aunt of Donor

Year of Birth 1967

Place of Birth: Tucson, AZ

Racial Group:

Caucasian Black Asian Other

If Jewish:

Ashkenazi Sephardic Oriental

Height: 5' 3" Weight: 125lbs Eye Color: Brown Hair Color: Dark Brown

Hair:

Balding
 Thin
 Average
 Thick

Hair Type:

Curly
 Wavy
 Straight

Vision:

Excellent
 Good
 Fair
 Poor

Bone Structure:

Small
 Medium
 Large
 Very Large

Other distinguishing features (dimples, cleft chin, Roman nose, etc.):

Skin Characteristics

Freckles: None Few Many

Very fair (little to no ability to tan on sun exposure)
 Fair (skin will tan lightly on sun exposure)
 Medium (light color but will tan moderate to dark)
 Olive (pigmentation of unexposed skin) Light Moderate Dark
 Dark (unexposed skin) Light tan Dark Tan Brown Black

Occupation: Educational Materials Salesperson

Education: College Graduate, M. S.

Special Skills or Characteristics:

Does she have any children?

No Yes

If yes, how many female children?

male children?

If living, describe her health:

Excellent Good Fair Poor

If deceased, give cause and age at time of death:

What kind of person is/was she?

Optimistic	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Pessimistic
Assertive	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Passive
Leader	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Follower
Easy going	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Controlling, rigid

FAMILY HISTORY

Maternal Aunt of Donor

Year of Birth 1970

Place of Birth: Tucson, AZ

Racial Group:

Caucasian Black Asian Other

If Jewish:

Ashkenazi Sephardic Oriental

Height: 5' 3" Weight: 170lbs Eye Color: Brown Hair Color: Dark Brown

Hair:

Balding
 Thin
 Average
 Thick

Hair Type:

Curly
 Wavy
 Straight

Vision:

Excellent
 Good
 Fair
 Poor

Bone Structure:

Small
 Medium
 Large
 Very Large

Other distinguishing features (dimples, cleft chin, Roman nose, etc.):

Skin Characteristics

Freckles: None Few Many

Very fair (little to no ability to tan on sun exposure)
 Fair (skin will tan lightly on sun exposure)
 Medium (light color but will tan moderate to dark)
 Olive (pigmentation of unexposed skin) Light Moderate Dark
 Dark (unexposed skin) Light tan Dark Tan Brown Black

Occupation: Registered Nurse

Education: College Graduate

Special Skills or Characteristics:

Does she have any children?

No Yes

If yes, how many female children? 1

male children? 1

If living, describe her health:

Excellent Good Fair Poor

If deceased, give cause and age at time of death:

What kind of person is/was she?

Optimistic	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Pessimistic
Assertive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	Passive
Leader	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	Follower
Easy going	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Controlling, rigid

FAMILY HISTORY

Maternal Uncle of Donor

Year of Birth 1961

Place of Birth: Tucson, AZ

Racial Group:

Caucasian Black Asian Other

If Jewish:

Ashkenazi Sephardic Oriental

Height: 5' 10" Weight: 180lbs Eye Color: Brown Hair Color: Dark Brown

Hair:

Balding
 Thin
 Average
 Thick

Hair Type:

Curly
 Wavy
 Straight

Vision:

Excellent
 Good
 Fair
 Poor

Bone Structure:

Small
 Medium
 Large
 Very Large

Other distinguishing features (dimples, cleft chin, Roman nose, etc.):

Skin Characteristics

Freckles: None Few Many

Very fair (little to no ability to tan on sun exposure)
 Fair (skin will tan lightly on sun exposure)
 Medium (light color but will tan moderate to dark)
 Olive (pigmentation of unexposed skin) Light Moderate Dark
 Dark (unexposed skin) Light tan Dark Tan Brown Black

Occupation: Associate Professor of Chemistry

Education: College Graduate, M.S.

Special Skills or Characteristics:

Does he have any children?

No Yes

If yes, how many female children? 2

male children? 0

If living, describe his health:

Excellent Good Fair Poor

If deceased, give cause and age at time of death:

What kind of person is/was he?

Optimistic	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Pessimistic
Assertive	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Passive
Leader	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Follower
Easy going	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Controlling, rigid

FAMILY HISTORY

Maternal Uncle of Donor

Year of Birth 1966

Place of Birth: Tucson, AZ

Racial Group:

Caucasian Black Asian Other

If Jewish:

Ashkenazi Sephardic Oriental

Height: 5' 9" Weight: 165lbs Eye Color: Brown Hair Color: Dark Brown

Hair:

Balding
 Thin
 Average
 Thick

Hair Type:

Curly
 Wavy
 Straight

Vision:

Excellent
 Good
 Fair
 Poor

Bone Structure:

Small
 Medium
 Large
 Very Large

Other distinguishing features (dimples, cleft chin, Roman nose, etc.):

Skin Characteristics

Freckles: None Few Many

Very fair (little to no ability to tan on sun exposure)
 Fair (skin will tan lightly on sun exposure)
 Medium (light color but will tan moderate to dark)
 Olive (pigmentation of unexposed skin) Light Moderate Dark
 Dark (unexposed skin) Light tan Dark Tan Brown Black

Occupation: Research Assistant

Education: College Graduate

Special Skills or Characteristics:

Does he have any children? No Yes

If yes, how many female children? male children?

If living, describe his health: Excellent Good Fair Poor

If deceased, give cause and age at time of death:

What kind of person is/was he?

Optimistic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	Pessimistic
Assertive	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Passive
Leader	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Follower
Easy going	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	Controlling, rigid

FAMILY HISTORY

Paternal Aunt of Donor

Year of Birth 1954

Place of Birth: Flagstaff, AZ

Racial Group:

Caucasian Black Asian Other

If Jewish:

Ashkenazi Sephardic Oriental

Height: 5'2" Weight: 140lbs Eye Color: Blue/Green Hair Color: Blond

Hair:

Balding
 Thin
 Average
 Thick

Hair Type:

Curly
 Wavy
 Straight

Vision:

Excellent
 Good
 Fair
 Poor

Bone Structure:

Small
 Medium
 Large
 Very Large

Other distinguishing features (dimples, cleft chin, Roman nose, etc.):

Skin Characteristics

Freckles: None Few Many

Very fair (little to no ability to tan on sun exposure)
 Fair (skin will tan lightly on sun exposure)
 Medium (light color but will tan moderate to dark)
 Olive (pigmentation of unexposed skin) Light Moderate Dark
 Dark (unexposed skin) Light tan Dark Tan Brown Black

Occupation: Dental Assistant

Education: High School Graduate

Special Skills or Characteristics:

Does she have any children? No Yes

If yes, how many female children? male children?

If living, describe her health: Excellent Good Fair Poor

If deceased, give cause and age at time of death:

What kind of person is/was she?

Optimistic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	Pessimistic
Assertive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	Passive
Leader	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	Follower
Easy going	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Controlling, rigid

FAMILY HISTORY

Paternal Aunt of Donor

Year of Birth 1955

Place of Birth: Washington, DC

Racial Group:

Caucasian Black Asian Other

If Jewish:

Ashkenazi Sephardic Oriental

Height: 5' 10" Weight: 170lbs Eye Color: Blue/Green Hair Color: Light Brown (Blond as a kid)

Hair:

Balding
 Thin
 Average
 Thick

Hair Type:

Curly
 Wavy
 Straight

Vision:

Excellent
 Good
 Fair
 Poor

Bone Structure:

Small
 Medium
 Large
 Very Large

Other distinguishing features (dimples, cleft chin, Roman nose, etc.):

Skin Characteristics

Freckles: None Few Many

Very fair (little to no ability to tan on sun exposure)
 Fair (skin will tan lightly on sun exposure)
 Medium (light color but will tan moderate to dark)
 Olive (pigmentation of unexposed skin) Light Moderate Dark
 Dark (unexposed skin) Light tan Dark Tan Brown Black

Occupation: Registered Nurse

Education: College Graduate

Special Skills or Characteristics:

Does she have any children?

No Yes

If yes, how many female children? 1

male children? 0

If living, describe her health:

Excellent Good Fair Poor

If deceased, give cause and age at time of death: Colon cancer, age 54

What kind of person is/was she?

Optimistic	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Pessimistic
Assertive	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Passive
Leader	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Follower
Easy going	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Controlling, rigid

FAMILY HISTORY

Paternal Aunt of Donor

Year of Birth 1958

Place of Birth: Bellingham, WA

Racial Group:

Caucasian Black Asian Other

If Jewish:

Ashkenazi Sephardic Oriental

Height: 5' 5" Weight: 130lbs Eye Color: Blue/Green Hair Color: Blond

Hair:

Balding
 Thin
 Average
 Thick

Hair Type:

Curly
 Wavy
 Straight

Vision:

Excellent
 Good
 Fair
 Poor

Bone Structure:

Small
 Medium
 Large
 Very Large

Other distinguishing features (dimples, cleft chin, Roman nose, etc.):

Skin Characteristics

Freckles: None Few Many

Very fair (little to no ability to tan on sun exposure)
 Fair (skin will tan lightly on sun exposure)
 Medium (light color but will tan moderate to dark)
 Olive (pigmentation of unexposed skin) Light Moderate Dark
 Dark (unexposed skin) Light tan Dark Tan Brown Black

Occupation: School Teacher

Education: College Graduate

Special Skills or Characteristics:

Does she have any children?

No Yes

If yes, how many female children? 0

male children? 1

If living, describe her health:

Excellent Good Fair Poor

If deceased, give cause and age at time of death:

What kind of person is/was she?

Optimistic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	Pessimistic
Assertive	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Passive
Leader	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Follower
Easy going	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	Controlling, rigid

FAMILY HISTORY

Paternal Aunt of Donor

Year of Birth 1959

Place of Birth: Tucson, AZ

Racial Group:

Caucasian Black Asian Other

If Jewish:

Ashkenazi Sephardic Oriental

Height: 5' 7" Weight: 170lbs Eye Color: Blue/Green Hair Color: Blond

Hair:

Balding
 Thin
 Average
 Thick

Hair Type:

Curly
 Wavy
 Straight

Vision:

Excellent
 Good
 Fair
 Poor

Bone Structure:

Small
 Medium
 Large
 Very Large

Other distinguishing features (dimples, cleft chin, Roman nose, etc.):

Skin Characteristics

Freckles: None Few Many

Very fair (little to no ability to tan on sun exposure)
 Fair (skin will tan lightly on sun exposure)
 Medium (light color but will tan moderate to dark)
 Olive (pigmentation of unexposed skin) Light Moderate Dark
 Dark (unexposed skin) Light tan Dark Tan Brown Black

Occupation: Registered Nurse

Education: College Graduate

Special Skills or Characteristics:

Does she have any children?

No Yes

If yes, how many female children? 1

male children? 0

If living, describe her health:

Excellent Good Fair Poor

If deceased, give cause and age at time of death:

What kind of person is/was she?

Optimistic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	Pessimistic
Assertive	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Passive
Leader	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Follower
Easy going	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	Controlling, rigid

FAMILY HISTORY

Paternal Uncle of Donor

Year of Birth 1957

Place of Birth: Bellingham, WA

Racial Group:

Caucasian Black Asian Other

If Jewish:

Ashkenazi Sephardic Oriental

Height: 5' 10" Weight: 175lbs Eye Color: Blue/Green Hair Color: Blond

Hair:

Balding
 Thin
 Average
 Thick

Hair Type:

Curly
 Wavy
 Straight

Vision:

Excellent
 Good
 Fair
 Poor

Bone Structure:

Small
 Medium
 Large
 Very Large

Other distinguishing features (dimples, cleft chin, Roman nose, etc.):

Skin Characteristics

Freckles: None Few Many

Very fair (little to no ability to tan on sun exposure)
 Fair (skin will tan lightly on sun exposure)
 Medium (light color but will tan moderate to dark)
 Olive (pigmentation of unexposed skin) Light Moderate Dark
 Dark (unexposed skin) Light tan Dark Tan Brown Black

Occupation: Wildland Fire Fighter

Education: College Graduate

Special Skills or Characteristics:

Does he have any children?

No Yes

If yes, how many female children? 0

male children? 3

If living, describe his health:

Excellent Good Fair Poor

If deceased, give cause and age at time of death:

What kind of person is/was he?

Optimistic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	Pessimistic
Assertive	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Passive
Leader	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Follower
Easy going	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	Controlling, rigid

In Your Own Words...

What did you do immediately after high school?

Immediately after high school I went to work for the US Forest Service as a Forestry Technician. I worked primarily as a sawyer on a timber stand improvement saw crew where I thinned juvenile tree stands for forest health objectives. I also fought wildfires.

Which words describe your personality and character?

The best words to describe my personality and character are genuine, kind, selfless, noble, empathetic, resilient, determined, sensitive, sensible, and dutiful.

Which sports do you like to participate in?

I like to participate in pick-up basketball games for friendly competition, flag football, ultimate frisbee, and slow-pitch softball.

Which sports did you play as a child?

As a child, I played little league baseball and parks and recreation soccer. I did not enjoy playing baseball but I found soccer to be quite fun and exciting.

Which sports do you enjoy watching?

I love watching college football. Over the last decade, it is the one sport I will religiously watch during fall. I also enjoy watching college basketball especially during March Madness when every game matters.

Do you play any musical instruments?

I play the guitar and the mandolin. I am self-taught in both. I have dabbled with a few other instruments such as the ukulele and bass guitar but I play mostly acoustic and electric guitar.

What is your most memorable childhood experience?

My most memorable childhood experience is when my family decided to put a concrete basketball slab in our front yard in the mid-90s. It was about sixteen feet wide by twenty feet long and built into a slope. I remember that we did all of the work from digging the foundation, constructing the wooden retaining wall, placing the rebar for structural support, smoothing the concrete after it was poured, and putting up the actual hoop itself. My older brother and I put our hand prints on the concrete before it hardened to commemorate the event. It was truly fulfilling and amazing to build something with my family and then be able to enjoy it for years to come.

To which countries have you traveled?

I have only been to Canada but the places I have traveled to in that country were amazing. The Canadian Rockies were the most memorable, and we also took many family trips to Creston, British Columbia (45 minutes north of my hometown [REDACTED]), Fort Steel northwest of Cranbrook, British Columbia, and Kootenai Lake.

Describe one of your favorite vacations to another country:

One of my favorite vacations to another country was a family trip to the Canadian Rockies in British Columbia and Alberta. I think it was the second trip where I was able to actually recall quite a bit. A couple of highlights from the trip was going to the Athabasca Glacier in Jasper National

Park and feeling the cold, dry air immediately dry out my throat. The immensity of the glacier was astounding. Also, I remember the Canadian Pacific Railroad wound through Yoho National Park in a series of spiral tunnels, and I was spellbound by how they built the railroad in order to cross the mountains.

Describe things you like the most about your own country:

What I like most about my own country - the United States of America - is the opportunity and the freedom to travel to all the beautiful places the natural world has to offer. I think people often take it for granted. I am also thankful that I live in a country where I can express myself freely, and I can choose live my own life how I want to.

Describe a few of your strong sides:

One of my strong sides is that I am resilient. I have faced and overcome many obstacles in my life, and these life experiences have led me Through my spirituality I have grown a stronger connection with God and my higher self. Another one of my strong sides is my determination. If there is a goal I want to reach, I will achieve it no matter what may arise. Finally, another one of my more notable strong sides is that I am kind. One simple act of kindness can change a person's mindset in an instant, and I try to make a positive difference in the lives of others by being kind.

Describe a few of your weak sides:

One of my weak sides is that I can be unforgiving of myself and others. It has been one of the biggest challenges in my life to overcome certain things from the past, make peace with them, and move on. I continue to struggle with this but I know I will succeed in conquering this weakness. Another weak side is that I try to solve my problems on my own rather than ask for help, and I often acquire more distress in the process. I continue to work on this as well.

Donor Essay

Why do you want to be a donor?

I want to be a donor to make a positive impact in the world. In my life's journey, I have reached a place where it is no longer possible to have children of my own due to my significant other's recent bout with breast cancer. I determined God has other plans for me. Thus, I wanted to help people who cannot have children of their own while carrying on my bloodline.

Throughout my life I have seen our society abandon the values that kept us united as people. Instead, I see people being bought by a materialistic society that encourages self-indulgence, entitlement, and a lack of accountability, rationality, and decency. I am truly ashamed of what we have become. However, I can only control what I can control, and I had the opportunity to apply to become a sperm donor.

With who I am as person and the values I stand for, I more of me I want on this planet. My hope is that more genuine, kind, selfless, noble people like me will seize the opportunity to become a sperm donor and let their bloodlines live on in a world that desperately needs good and decent human beings.

Describe your relationship with your family. How has your family shaped your values and who you are today?

My relationship with my family is somewhat distant both physically and emotionally. My parents raised my older brother and me to be kind, respectful, selfless, noble, and genuine human beings. They also raised me, in particular, in the image of my older brother. There was no malintent involved their decision, and it was what they felt was right to do. However, my older brother and I are two completely different people with vastly contrasting personalities. Looking back, it did not work out for me how it worked out for my brother. Although, I believed so strongly in the values they taught me that I did not allow myself to make poor choices despite my frustration with not being accepted by my immediate family. They loved me, but there was always tension because I could not and would not be like my older brother.

My upbringing led to many struggles in trying to be me throughout my early adulthood. I was conflicted on so many things within myself that I became a very cynical, unhappy person. Finally, a couple of years ago I decided to take control of the things causing so much distress in my life and eliminate them. I underwent depression counseling and came through as the man I have always wanted to be - I just needed my mindset to be changed, for someone to listen to me, and help me become myself. It was truly liberating.

Throughout my journey into becoming me, I retained a deep commitment to the values my parents instilled in me which I am so thankful for. I overcame adversity from something many do not have to deal with. The entire time I made conscious decisions to embetter myself and those around me no matter where I was or what I was doing.

I love my immediate family unconditionally, and I would not change anything in the past because it all led to me living a happy and fulfilling life now. I realize I can look back at those years when I was struggling and see how many lives I changed just by being me and adhering to the values my parents instilled in me. I continue to grow emotionally and spiritually, but I will always cherish what my parents and my life experiences have taught me.

What makes you unique?

What makes me unique is how I have always been able to make conscious, sound life decisions despite being under constant and exhaustive peer pressure. I have never felt the need to fit in nor go along with crowd. I am very independent, and I strive to be myself regardless of acceptance by others. I have dared to be different and have decided to follow a different path in life. Being unique is a trademark of who I am, and I do this while being genuine, kind, noble, selfless, and sensible toward others.

What are you most proud of and why?

I am most proud of being able to find true love and happiness in my life. In my opinion, it is so rare to find true love and happiness in today's materialistic society, and humans will be only human meaning we allow ourselves to be controlled by our socio-political environments which in turn we allow to define us. I chose to not let that happen in my life, and seek what I wanted from life. I ended up finding my soulmate, and I realized I was finally home. Up to this point in my life I had never experienced the serenity and wholeness I now have. True love and happiness are an amazing blessing.

Handwritten message

If you could pass on a message to the recipient(s) of your semen, what would that message be?

I implore you to raise this child to make a positive difference in the world. May this person be raised with a good set of values, and may they build a solid foundation for their character by living those values. Teach this person to be kind, loving, and accepting of others; to treat all people with dignity and respect regardless of who they are or what they believe in; and to stand up for the values they believe in despite the many different socio-political environments they will encounter in life. May this person become a leader, and may they positively impact the lives of those around them.



The Keirsey Temperament Sorter® II Classic Temperament Report

Report prepared for: **Donor 1487**

February 2, 2018



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Name: **Donor 1487**

Temperament: **Guardian™**
Type: **Inspector (ISTJ)**

In a world filled with unique individuals, when it comes to personality there are only four different temperaments and sixteen types of people. Understanding these personality types and mastering your own can be the keys to achieving your goals.

Artisan	Guardian	Rational	Idealist
Promoter (ESTP)	Supervisor (ESTJ)	Fieldmarshal (ENTJ)	Teacher (ENFJ)
Crafter (ISTP)	Inspector (ISTJ)	Mastermind (INTJ)	Counselor (INFJ)
Performer (ESFP)	Provider (ESFJ)	Inventor (ENTP)	Champion (ENFP)
Composer (ISFP)	Protector (ISFJ)	Architect (INTP)	Healer (INFP)

Your temperament is the Guardian (SJ). You have a lot of company out there, as Guardians make up as much as 40 to 45 percent of the population. This is a good thing, because Guardians usually end up doing all the indispensable but thankless jobs the rest of the world takes for granted. Your particular personality type, the Inspector (ISTJ), makes up just about 10 to 11 percent of the total population.

This report is designed to help you understand how the needs and preferences of your temperament shape who you are and how you behave. Based on more than 50 years of research by Dr. David W. Keirsey, the Keirsey Temperament Sorter-II has been completed by millions of people worldwide.

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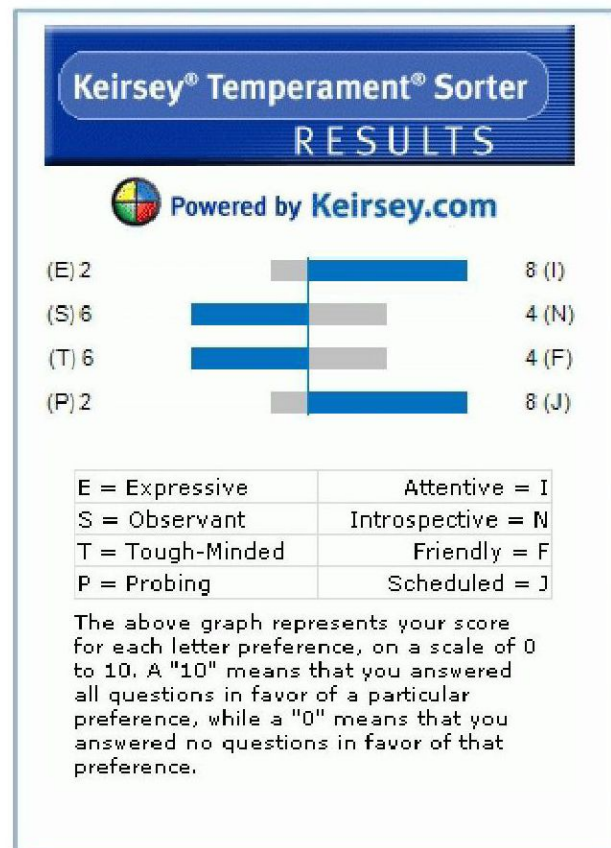
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About Your Guardian Temperament

There are four types of Guardians (SJs): Supervisors, Inspectors, Providers, and Protectors. These four personality types share several core characteristics. Firstly, Guardians are dependable, hard-working individuals focused on credentials and traditions.

The Four Types of Guardians Are:

- **Supervisor (ESTJ)**
- **Inspector (ISTJ)**
- **Provider (ESFJ)**
- **Protector (ISFJ)**

Guardians tend to be both helpful and dutiful, with a strong work ethic that can take them far. However, grand rewards aren't necessarily very important to Guardians. Instead, they tend to be humble types who are happy to simply receive gratitude for a job well done. Guardians are typically more cautious and deliberate than many people are; this is not a temperament that jumps into any personal or professional situation half-cocked. Their grounded approach to life can make Guardians loyal mates, responsible parents, and stabilizing leaders. Indeed, this group can serve as the very cornerstone of society. They tend to be concerned citizens who are willing to join together with others around them. Perhaps this is because Guardians typically value the camaraderie and security inherent in belonging to groups. As law-abiding individuals who place trust in authority, Guardians will often go out of their way to seek out justice.

All Guardians share the following core characteristics:

- Guardians pride themselves on being dependable, helpful, and hard working.
- Guardians make loyal mates, responsible parents, and stabilizing leaders.
- Guardians tend to be dutiful, cautious, humble, and focused on credentials and traditions.
- Guardians are concerned citizens who trust authority, join groups, seek security, prize gratitude, and dream of meting out justice.

An Overview of the Other Three Temperaments

Artisans are the temperament with a natural ability to excel in any of the arts -- not only the fine arts such as painting and sculpting, or the performing arts such as music, theater, and dance, but also the athletic, military, political, mechanical, and industrial arts, as well as the "art of the deal" in business.

Idealists, as a temperament, are passionately concerned with personal growth and development. Idealists strive to discover who they are and how they can become their best possible self -- always this quest for self-knowledge and self-improvement drives their imagination. They want to help others make the journey as well. Idealists are naturally drawn to working with people, and whether in education or counseling, in social services or personnel work, in journalism or the ministry, they are gifted at helping others find their way in life, often inspiring them to grow as individuals and to fulfill their potentials.

Rationals are the problem solving temperament, particularly if the problem has to do with the many complex systems that make up the world around us. Rationals might tackle problems in organic systems such as plants and animals, in mechanical systems such as railroads and computers, or in social systems such as families, companies and governments. Whatever systems fire their curiosity, Rationals will analyze them to understand how they work, so they can then figure out how to make them work better.



Being an Inspector

The one word that best describes Inspectors like you is dependable. Whether at home or at work, your type can be extraordinarily persevering and dutiful, particularly when it comes to keeping an eye on the people and projects for which you're responsible.

Keeping within your own quiet way, you're the kind of person who will see that rules are followed, laws respected, and standards upheld. Inspectors are the true guardians of institutions. As a result, in professional settings you're one to be patient with your work and with any procedures you're expected to follow. People who aren't willing to behave accordingly tend to rub you the wrong way. Responsible to the core, you like it when people know their duties, follow guidelines, and operate within the rules. Because of these beliefs and your hard-working nature, you can be the perfect person to examine the quality of products and services, monitor schedules, and oversee resources. If only everyone were as dependable as you are.

Because you can be hard-nosed about rules, others may not always look favorably on you. In fact, you may earn a reputation for being cold or unfeeling. People who feel this way about you misjudge your character and fail to see your good intentions. This is too bad, since your vulnerability means that you may take others' criticisms to heart. Sometimes your good work may also go unrecognized because you're not one to trumpet your accomplishments as they happen.

Inspectors can be highly sociable people. As a member of this type you're likely to be both talkative and involved. Liking to stay connected, you may spend your free time with community service organizations, especially ones focused on traditional values. Perhaps you've volunteered with your nearby Sunday school, Little League team, Boy or Girl Scouts, or other local clubs now or in the past.

Like all Guardians, Inspectors hold family social ceremonies dear. Weddings, birthdays, and anniversaries can be really important to you. However, that doesn't mean that you need a lot of public fanfare at these times. You'll usually prefer to keep such occasions intimate and may become shy if celebrations become too large.

Generally speaking, Inspectors like you are not comfortable with anything that gets too fancy. When speaking you usually will be plain and down-to-earth. Your clothes will tend toward the functional rather than the flashy. As for your personal space, you strive to keep your home and work environments neat, orderly, and comfortably traditional. Regardless of the product type, you don't really trust newfangled gadgets. Instead, you'll stick with the tried-and-true option almost every time.



Famous Inspectors

Did you know that President Harry Truman and Queen Elizabeth II are both Inspectors too? It's not so surprising when you think about it.



President Truman is known for making tough decisions with no regret, as he did with the atom bomb. He was also known for his extraordinary sense of responsibility, perhaps expressed best in his own words: "the buck stops here."



As the reigning monarch of Great Britain, Queen Elizabeth II is an Inspector through and through as well. As Inspectors will, she performs her royal duties without complaint, maintaining a grounded, no-nonsense style. She is a living embodiment of hierarchy and tradition.

Work and Career

Your Ideal Work Environment

You are most comfortable when your life is structured. As a result, you usually prefer a workplace that lets you create a routine you can settle into.

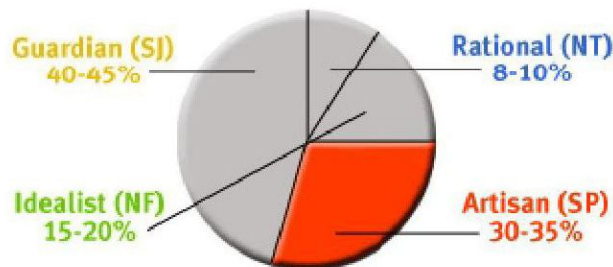
Although you like time alone, you are most at ease working with others. This is particularly true when work standards and others' behavior are predictable. Work environments where people do their own thing strike you as sloppy or even dangerous. Unlike many people, you appreciate having corporate policies and hierarchies to adhere to. They give you a sense of order and clarity that can enhance your job satisfaction.

Like other Guardians, you are wired to seek belonging within a group or community. As a result, in the workplace you'll typically make attempts to stabilize both relationships and institutions through responsible, conventional behavior. You thrive as a conservator who establishes, nurtures, and maintains traditional social and business structures.

At Work with the Four Temperaments

At Work with Artisans

Artisans (SPs) are wired to seize freedom and spontaneity. They hunger for the liberty to act on their impulses, to play, and to create. They make up about 30 to 35% of the population.



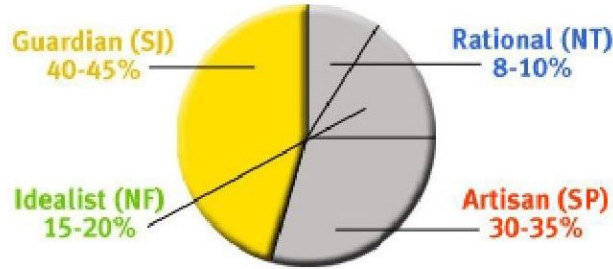
In business, Artisans are crisis managers and troubleshooters. They can be experts at solving problems and doing what is necessary, whether they are expressly permitted to or not. They are practical, resourceful, flexible, and risk-taking individuals. Co-workers are apt to enjoy their creativity and verbal wit but may perceive Artisans as indecisive or even as troublemakers.

You may find that you are frustrated working with many Artisans, as their focus on getting things done often leads them to disregard rules, procedures, and hierarchies that you know are important in maintaining structure and order within the organization. However, you often appreciate their keen sense of reality and tactical maneuvering abilities.



At Work with Guardians

Guardians (SJs) are wired to seek belonging to a group or community. They often stabilize relationships and institutions through their responsible, conventional behavior. They make up about 40 to 45% of the population.

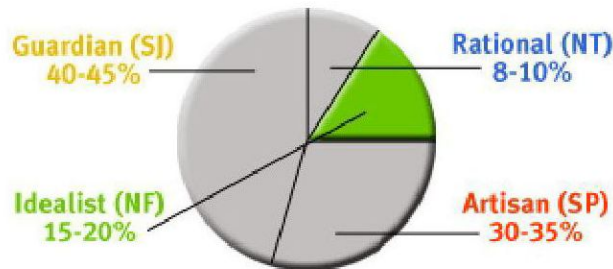


At work, Guardians tend to be administrators and managers. They can be experts at doing what needs to be done in the manner it must be done. They are dependable, accountable, realistic, and service-oriented. Co-workers likely appreciate their desire to belong and contribute but may perceive Guardians as being either slave drivers or sticks-in-the-mud.

If you are part of a group that is predominantly Guardians, occasionally invite people of the other temperaments in to stir the pot. Guardians' tendency to stick to the tried-and-true and need for stability may cause your team to miss opportunities available by stepping out of the box.

At Work with Idealists

Idealists (NFs) are wired to pursue personal growth, authenticity, and integrity. They can yearn both to develop fully as individuals and to facilitate growth in others. Idealists make up 15 to 20% of the population.

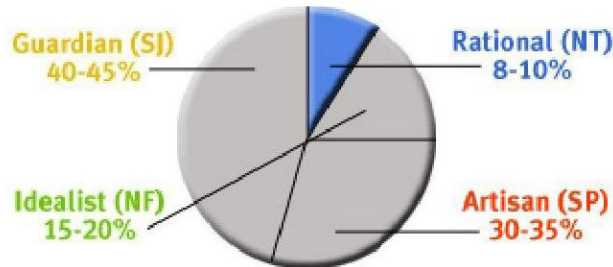


In work environments, Idealists are usually positive, helpful, and people-oriented. They can be experts at dealing with the human resource concerns of an organization, whether these issues are part of their job description or not. Idealists are warm, idealistic, caring individuals. Co-workers are apt to appreciate their authenticity and loyalty to the human side of the business but may perceive Idealists as not being effective enough or even as being flaky.

Idealists are naturally more in tune with the feelings and morale of the team than you are. As you pursue organizational objectives, an Idealist colleague can help you in watching that you don't inadvertently squash other team members in your path.

At Work with Rationals

Rationals (NTs) are wired to acquire competence and intelligence. Ordinarily they strive to learn, know, predict, and control the resources and ideas in their environment. They make up a little less than 10% of the population.



In the workplace, Rationals are often the researchers and strategists. They can be experts at conceptualizing and seeing the big picture, as well as architecting and implementing the necessary systems. They are logical, precise, independent individuals who usually are responsive to new ideas. Co-workers often appreciate their ingenuity and competence but may perceive Rationals as being impersonal and not good with follow-through.

You may find that Rationals can seem somewhat arrogant to you as co-workers. Like the Artisans, they have little regard for most rules and procedures, discarding either whenever they find something they see as working better. They also tend to disregard seniority and authority, focusing only on whether or not (they believe) a person is competent. However, you can take advantage of their ability to think outside the box and usually appreciate their strategic insights when not offered in an arrogant manner.

Tips to Help You Find the Right Workplace

- Seek out a relatively structured environment where people work well together.
- Look for environments where there's enough of a sense of order that you feel comfortable, supported, and productive.
- Don't let your need for comfort and security stand between you and opportunities to learn new skills, contribute in ways you may not have imagined, or take advantage of positive changes in your company or field.

When it comes to your work life, you're part of a pretty satisfied bunch. Overall, Guardians seemed to be as satisfied in their jobs as both the Idealists and Rationals. About 75% of Guardians identify themselves as being happy in their current positions. Challenging work and altruistic service seemed to be the factors that created the most job satisfaction for Guardians. Perks like being allowed to bring pets to work or have company-sponsored beer on Fridays held much less importance. Guardians are types who enjoy being of service, so feeling challenged and providing service to the employer really are top priorities, especially if that employer provides altruistic services to the community at large.



Love and Relationships

Getting into relationships is harder for many Inspectors than keeping them going. In fact, you may sometimes feel out of the loop in the modern dating game. Typically you're more reserved in social situations than many other people are.

You can be somewhat old-fashioned in your dating values and practices. In addition, because you are usually so focused on your work and other commitments, you may fall into the habit of putting your personal life last. If this is true for you and you're single, you might have a hard time gaining momentum; if partnered, your mate may sometimes complain that you don't put enough energy into keeping the spark alive. For a romantic partner, you may look for people who are somewhat different than you. As a result, outgoing people who seem to go with the flow can be very attractive to you. During the early stages of relationships, the differences between you and your mate are likely to be especially endearing and fun.

About You

You are among the most likely to show love through long-range planning to keep your loved ones comfortable and happy. Although you enjoy gifts, other Guardians are likely to attach more importance to them. Inspectors tend to be practical and logical even in love.

When dating, you are likely to have clear objectives. You know what you want and then proceed steadily towards that goal. You are among the least likely types to date simply for social stimulation.

One difficulty you may have in a relationship is that it can be hard for you to truly view differences as good. Even if you intellectually know that society needs different kinds of people, you are likely to want conformity at home. Studying about personalities and human differences can help you overcome this hurdle. One thing about you that can make life easier for your partner is that you don't demand constant proof of love. You expect the commitment on their part to be the same as yours.

One aspect about you that may cause your partner problems is that they may wonder if you still love them. Most other types need regular reaffirmation of their partner's love, caring, and enjoyment of them. You are probably good at remembering anniversaries, birthdays, and the like, but your partner may need more. You can plan to celebrate smaller anniversaries, such as so many months/years since your first kiss, since buying a house together, or other important events in your lives as a couple.

About Your Partner

If Your Partner Is an Artisan

Guardian (SJ)/Artisan (SP): Guardian/Artisan pairings are complementary relationships where the partners' natural tendencies can balance one another nicely. For Guardians, an impetuous Artisan can sometimes seem like a child to rear and at other times like a wonderful diversion from their own nose-to-the-grindstone existence. For Artisans, a responsible, concerned Guardian can seem like a real Rock of Gibraltar to ground themselves to and a person who



relieves them of some of the tedious chores of life. However, these couples don't always see eye to eye on money matters, with Guardians desiring practicality and savings for the future and Artisans wanting the excitement of a grand gesture. For the relationship to succeed it is necessary that they retain tolerance and goodwill on both sides and appreciate the skills each brings to the pairing.

What Artisans find romantic on a date: There are two kinds of dates Artisans tend to like: one is an extravagant meal at a place with a fantastic view; another is doing some sort of physical activity, such as a sport, hiking, or a board game that includes some competition and physical contact.

What Artisans look for when dating: When Artisans are dating, they tend to look for a calm, practical person to provide them stability. Sexual chemistry is very important as well. Once the relationship becomes established, they want their partner to liven up and quit being so serious.

What makes Artisans jealous: Infidelity, such as touching someone else inappropriately, will make them very jealous. Another thing that makes Artisans jealous is if the partner gives gifts to others or makes an extravagant gesture for someone else.

How Artisans show jealousy: Artisans are the most likely temperament to react physically, such as throwing the partner's belongings out, etc. If their partner starts cheating, they may cheat too. They may either compete to win their mate back or give their partner the cold shoulder.

How Artisans like to be romantic: Artisans like to be romantic with big gestures -- something unexpected and high style. Other ways they are romantic is with teasing and active flirting involving physical contact. They love sensual or exciting times, such as fine dining, gaming, or risky adventures.

How Artisans show their love: Artisans show their love with regular physical affection, including kisses, back rubs, and hugs. They also like to give gifts. They give gifts at all times of the year, and the gifts tend to be things that are not necessary but add spice to life. They like to give loved ones nicknames.

How Artisans like to be loved: One thing Artisans often appreciate is a surprise, such as leaving for a weekend getaway on a moment's notice. They like to know that their partner has been thinking about them, so gifts (even small ones) at non-traditional times are usually appreciated. They are generally very sensual and enjoy touching games.

If Your Partner Is a Guardian

Guardian (SJ)/Guardian (SJ): Guardian/Guardian pairings can be traditional, predictable couplings founded on a devotion to home and family and an industrious work ethic. Their relationship can be mutually satisfying as each partner sacrifices on behalf of the other and the family as a whole. These partners can get along especially well because both tend to believe in similar values like thrift and civic responsibility. However, problems may arise at times when each mate tries to run the relationship or household according to their own personal system. The ensuing arguments and struggle for control can cause great rifts. For the relationship to



succeed, the partners must come to agreement about the areas in which each is in charge and then defer to the other's wishes. When agreement cannot be made, they need to find some way to divide the territory.

What Guardians find romantic on a date: Guardians like to be able to see that the other person has planned ahead to make the event special. They usually like to dress up for a formal event and enjoy traditions, particularly those that have been created together as a couple, such as "their song."

What Guardians look for when dating: When Guardians are dating, they tend to look for a person who can provide fun, games, and spontaneity to balance their serious, hard-working nature. They like when their date takes risks on their behalf. After the relationship has become established, they want their partner to settle down and grow up.

What makes Guardians jealous: What is most likely to make Guardians jealous is infidelity, especially if it is done publicly so they lose face. Another thing that can make them jealous is a partner who spends what they consider to be an unacceptably large amount of money on someone or something else.

How Guardians show jealousy: A Guardian's first response is usually to try to guilt their partner into toeing the line. Other tactics include a constant monitoring of the partner's behavior, tearful pleadings, and loud demands. They may involve others to try to coerce the partner into correct behavior.

How Guardians like to be romantic: Guardians typically like traditional romantic gestures, such as flowers, chocolates, lingerie, jewelry, and mild flirting. They are especially likely to keep mementos of times spent with the loved one, such as programs, ticket stubs, and pressed flowers.

How Guardians show their love: Guardians show love by taking care of annoying details, planning for the future security of loved ones, organizing things to make them easier to use, and buying gifts. They also often like to give loved ones nicknames. They are the most likely temperament to show love by serving their partner.

How Guardians like to be loved: Guardians feel loved when their partner does a task they've been avoiding. They love gifts, but the amount of money spent is very important. It needs to be enough to show that they are valued highly but not so much that they feel resources are being wasted. Guardians feel loved when their partner willingly participates in traditions.

If Your Partner Is an Idealist

Guardian (SJ)/Idealist (NF): Guardian/Idealist pairings can be true-blue partnerships focused on comfort, stability, and mutual dependability. Because Guardians and Idealists are usually law-abiding types who believe in following the rules, they can make a good match. Guardians may appreciate Idealists' sensitivity for others and their deep interest in their partner's success. Idealists can appreciate Guardians' practicality and ability to deal with day-to-day matters that may interrupt the Idealists' dreams for the future. Problems may arise at times because Idealists' morals and values tend to have a wider range than their Guardian mates.' For the



relationship to succeed, both will need to understand the differences in how each shows caring for the other and appreciate those efforts.

What Idealists find romantic on a date: Romantic settings, romantic foods, and romantic things to do are all fun, but they aren't the main attraction for Idealists. Idealists want the total attention of their partner and lots of eye contact. They want reciprocity in sharing.

What Idealists look for when dating: Idealists often look for someone who seems stable emotionally. Once the relationship is established, they want their partner to become more sensitive. Idealists view dating as a time to explore the compatibility of each other's views and to see if the lightning bolt hits saying, "This is THE ONE."

What makes Idealists jealous: Emotional infidelity makes Idealists jealous. Emotional infidelity can be seen as an emotional withdrawal, or it can be when the partner becomes emotionally attached to another person, idea, or activity.

How Idealists show jealousy: The most common way Idealists show jealousy is with pleading and tears. They may beat themselves up and try to be the perfect partner so their mate won't stray. If that doesn't work, they will withdraw emotionally and turn to others.

How Idealists like to be romantic: Idealists are generally the most romantic of the temperaments. They attach romantic meaning to all kinds of ordinary events and things. What they find the most romantic is the exploration of each other's souls.

How Idealists show their love: Idealists show their love by listening and being a cheerleader for their partner. They will regularly affirm their belief in the other person, their abilities, and their innate goodness. Idealists are likely to write encouraging notes and give affection, such as squeezing hands, kisses, hugs, and back rubs.

How Idealists like to be loved: What Idealists want the most is someone to listen to what they have to say and sympathize or empathize without passing judgment or offering advice unless they ask for it. They also feel loved when a partner shares a vulnerability that the partner has, which demonstrates that they have earned trust.

If Your Partner Is a Rational

Guardian (SJ)/Rational (NT): Guardian/Rational pairings are often close relationships focused on stability, reliability, and a sense of duty. Because Rationals are often wrapped up in their ideas, Guardian mates typically see to the everyday workings of family life. Guardians appreciate Rationals' deep thinking and logic, while Rationals appreciate their mate's stability and self-sacrifice. Problems may arise at times if Guardians feel left out of their Rational mates' emotional lives or under-appreciated for their efforts in household matters. For the relationship to succeed, both partners need to have a separate arena to demonstrate their best skills that is not encroached on by the other.

What Rationals find romantic on a date: Although some Rationals find a lovely setting and good food to be romantic, what they really desire is a date in which two people spend hours sharing ideas and dreams. Rationals also like a battle of wits and word play, such as double entendres.



What Rationals look for when dating: When Rationals are looking for a partner, they are likely to look for one who can encourage and tame their hidden emotional side. After they have settled in a relationship, they are likely to want their partner to develop a thicker skin and be more emotionally stable.

What makes Rationals jealous: In general, it is very difficult to provoke a Rational to jealousy. They allow their partners a lot of freedom and expect them to justify that trust. However, if the partner looks for intellectual stimulation from others, that may cause jealousy.

How Rationals show jealousy: Rationals are the least likely of the temperaments to show jealousy. They tend to dislike emotional scenes. Often they can deny jealousy and even be unaware of it. Their reaction is usually to withdraw or show distaste for the person's company without explanation.

How Rationals like to be romantic: Many people see Rationals as being unromantic. Some Rationals see themselves that way as well. However, most of them have a sometimes deeply hidden sentimental or romantic side. They usually need training to express themselves appropriately.

How Rationals show their love: Rationals show love by not holding onto to their partner too tightly. They give their partner lots of freedom to pursue their own ideas and dreams. Another way they show love is by treating their mate as an expert and asking them for advice on something the Rational needs for their latest big idea.

How Rationals like to be loved: Rationals love to be seen as experts and approached for advice. They appreciate partners who listen to their ideas and ask intelligent questions. They want partners who can encourage them and their ideas without being condescending. Rationals also like for their partners to be sensitive to their moods and respond accordingly.



What Each Letter Means

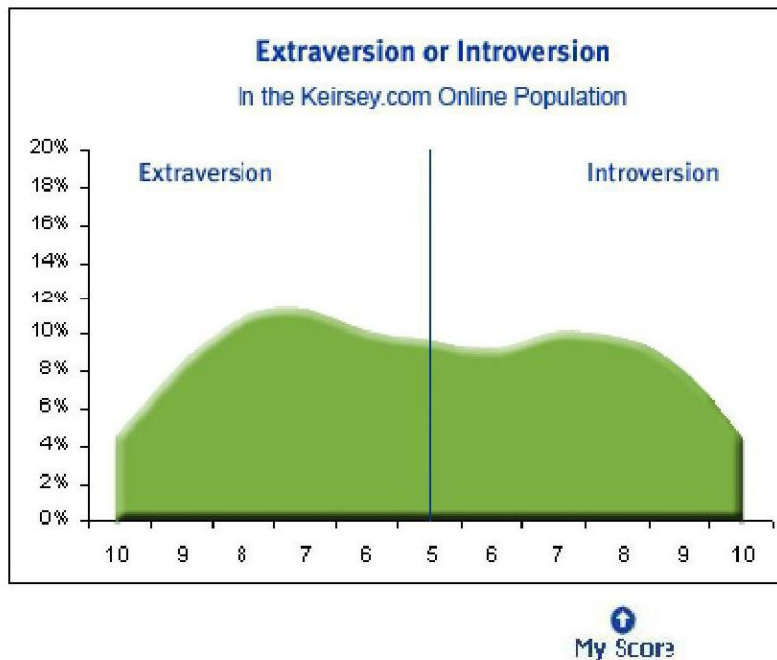
In the Keirsey Temperament Sorter-II, there are four question scales used to detect one's behavioral preferences. The scales are E-I, S-N, T-F, and J-P. No single letter should be taken as naming a "type" of person. For example, you should not label yourself or others as Expressives or E's. Each letter merely suggests stronger or weaker tendencies in a person's overall makeup, and the letters are not factors independent of each other. The pairs of letters indicate the following opposite qualities:

E	Extraverted (Expressive)	I	Introverted (Attentive)
S	Sensing (Observant)	N	Intuitive (Introspective)
T	Thinking (Tough-Minded)	F	Feeling (Friendly)
J	Judging (Scheduled)	P	Perceiving (Probing)

E/I Scale

The terms Extraversion (**E**) and Introversion (**I**) describe two vastly different social styles. People who score high in Extraversion on the Temperament Sorter tend to be gregarious and expressive; those scoring high in Introversion tend to be private and reserved.

People strong in Extraversion are typically more comfortable socializing with groups than being alone. They often report that they're energized by contact with other people. These individuals usually have a large circle of friends and are happy to approach others, even strangers, to talk. For people high in Extraversion, social banter is usually an easy and pleasant thing. Interaction is something that makes them feel alive. As a result, too much quiet and seclusion can actually exhaust such people. They tend to report feelings of loneliness or power drain when not in contact with others.



On the other hand, people prone to Introversion often seem more comfortable alone than in a crowd. They tend to draw energy from private, solitary activities, including reading, listening to music, and working by themselves on their latest project or favorite hobby. Introverts usually have a few, long-time friends and can remain in contact with larger groups only so long before their energies are depleted. If their job, family, or social responsibilities require them to be



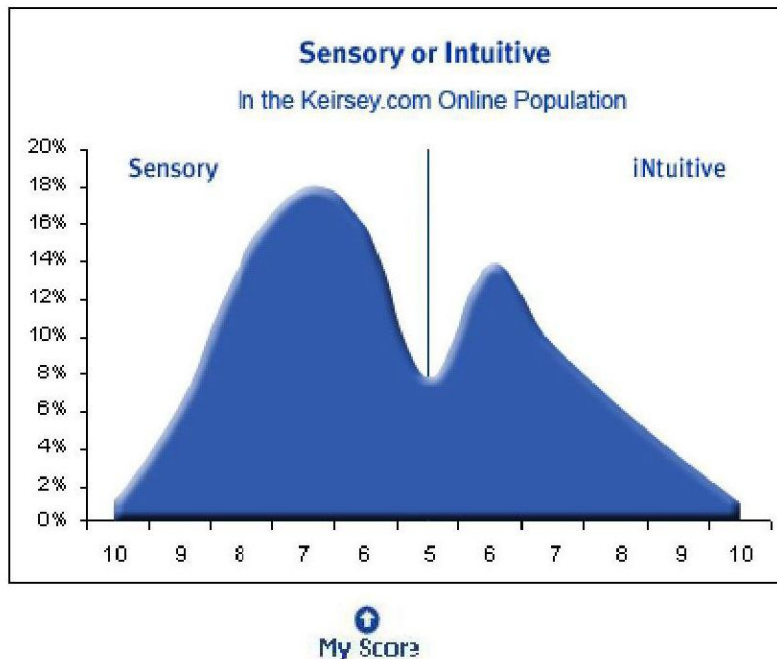
outgoing or take center stage, they can soon become exhausted and need down time in quiet places to rest and recharge their batteries.

Remember, however, that no one is simply an Extravert or an Introvert. These terms are merely end points on the E-I scale, with most everyone falling somewhere in between. Most individuals embody a mixture of these two social styles. Also, different tasks or roles at work or in the family can bring out more Extraversion or Introversion in a person. This dimension of personality, more than the other three, is fluid and situational.

S/N Scale

The **Sensory/Intuitive (S-N)** scale on the Temperament Sorter differentiates between two distinct kinds of human focus. People with high Sensory scores pay more attention to what is going on outside themselves in the world of concrete things; people with high Intuitive scores pay more attention to what is going on inside themselves in the abstract world of ideas.

Sensory people make up the vast majority of the population -- upwards of 75%. These people seem more at home in the material world, where they spend their time looking after the business of everyday living: food and clothing, transportation and shelter, job and family, recreation and social life. With their eye on physical realities, they tend to see all the particulars of what is right in front of them. They typically focus on what's happening in the here and now or what has happened in the past, rather than speculating about future possibilities. These are practical, down-to-earth people who want facts, trust facts, and remember facts. They believe in common sense and usually trust that experience is the best teacher.



In contrast, people who are strongly Intuitive seem more at home in the abstract, conceptual world of ideas. Intuitive types deal in inferences, theories, daydreams, musings, speculations, and symbols -- things that can only be seen with the mind's eye. In fact, because they're so often focused on their internal world, these individuals can sometimes miss a great deal of what's going on around them. For highly Intuitive people, reality is not a solid, present thing, but is more a mental image or a stage of development toward some future ideal. The possible almost always looms large for Intuitive people: whatever "is" can be better. They can be fascinated by hypotheses and potentials. They are also often absorbed by their vivid and complex imaginations. The S-N scale measures the most fundamental of the four dimensions of



personality. It's the first cut, so to speak, in evaluating one's type.

However, this delineation doesn't mean that being Intuitive or Sensory is an either/or proposition. Intuitive individuals certainly turn outward at times and pay attention to the world at large; they're just far more inclined to become preoccupied with their own ideas. So, too, Sensory people do sometimes look inward to ponder and to dream. However, for the most part their flights of imagination lag well behind their real-world observations. Neither type can occupy both worlds at once, and each will usually show a clear preference for one over the other.

T/F Scale

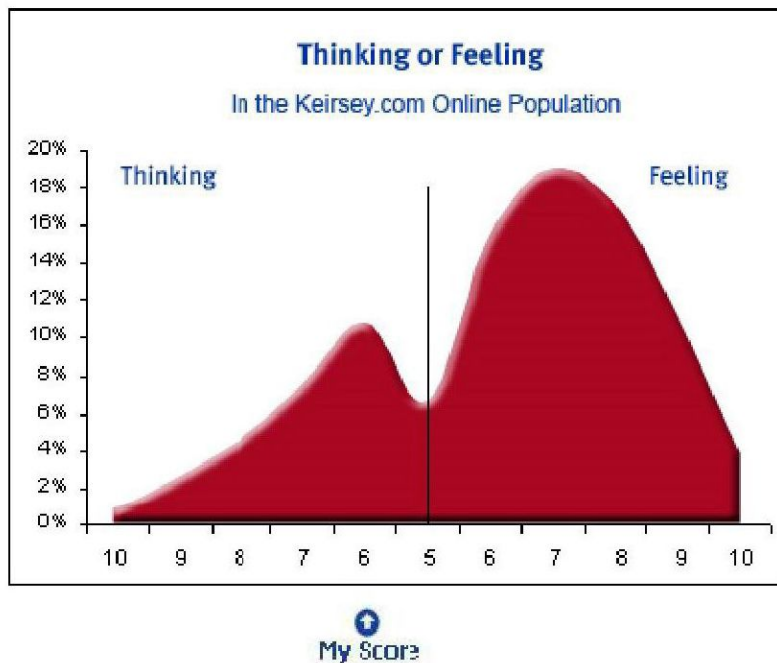
The **Thinking/Feeling** (T-F) scale assesses how people govern themselves and make decisions. Everyone has both thoughts and feelings. However, those who score high on Thinking tend to use their heads more when making choices, while those scoring high on Feeling tend to follow their hearts.

People falling on the Thinking end of the scale tend to be more comfortable basing their actions on impersonal, objective factors. Thinking people can be critical and exacting, both with themselves and others. They're often convinced only by hard data and sound reasoning.

Individuals who score highly in

Thinking tend to be frank and straightforward. They are the kind of people who are usually willing to speak their minds and stick to their guns, even if it causes conflict with others. They're known for being tough-minded in their decisions, preferring to keep emotions and desires out of the process as much as possible. Thinking types do have powerful feelings, but a strong show of emotion can embarrass them. As a result, they'll usually keep their feelings in check rather than appearing to lose self-control, even at the risk of seeming hard-nosed or cold.

In contrast, people on the Feeling end of the scale are typically more comfortable basing their actions on personal, emotional factors. When considering their course, this type will consult their feelings first and will almost always show concern for others. For the most part, these individuals are sympathetic and sentimental. As a result, they can often be swayed by powerful desire or a touching appeal. Feeling people tend to be softhearted when making decisions. They don't like to hurt anyone's feelings. It's not that Feeling individuals necessarily have more or deeper emotions than those on the Thinking end of the scale. They simply let their feelings show more easily. This tendency makes them seem warmer and friendlier, which in turn can give them an easier time getting along with others.





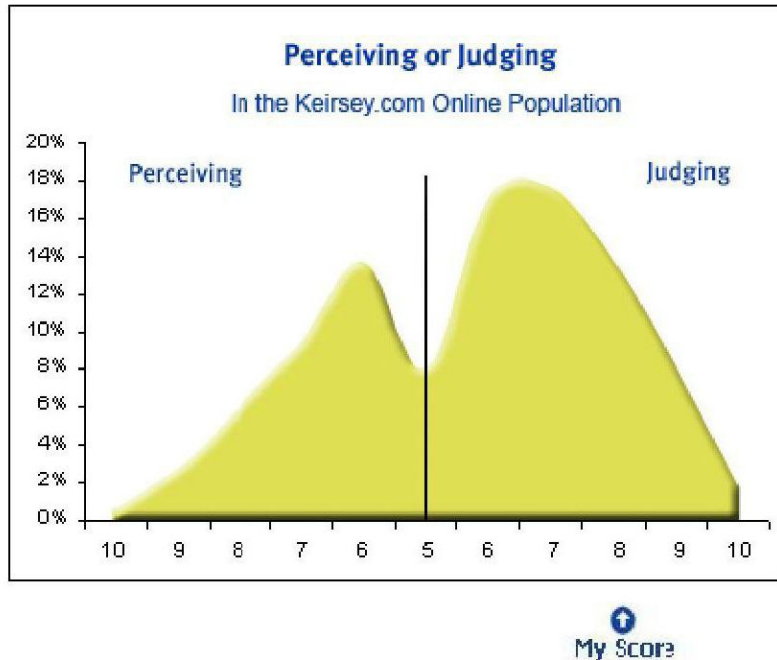
J/P Scale

The **J**udgment/**P**erception (J-P) scale measures how people process information and arrange their lives. Those who score high on Judgment tend to make up their mind quickly and commit to schedules, while those scoring high on Perception prefer to keep their options open and their timetables flexible.

People strong in Judgment waste no time forming opinions or drawing conclusions. They often report feeling a sense of urgency until a decision is made and can rest only after everything is settled. Closure and finality are important to these individuals, as is orderly procedure. As a result, they can be quick to make

schedules, agendas, or timetables for themselves and others to follow. People strong in Judgment will establish deadlines and take them seriously, expecting others will do the same. They're usually comfortable with routines and can be willing to do all sorts of maintenance and cleaning up after a task, feeling that these are necessary steps for a job's completion. For this type, neatness counts. They usually feel unhappy or unsettled when their personal space is a mess. Straightening things up is often near the top of their to-do list.

For their part, people given to Perception keep their eyes open to what's around them, gathering information and looking for opportunities and alternatives that might be available. They usually feel no hurry to nail things down or settle on a finished product. Instead, they tend to prefer exploring possibilities. These individuals are often playful and spontaneous in action. Schedules can make them feel hurried and over-controlled; they tend to look upon deadlines as mere reminders to get on with the job. Also, people high in Perception prefer their work to be enjoyable and meaningful. If a task of routine maintenance or clean up falls to them, they may balk at doing it or leave it to someone else. Easy-going, even somewhat impulsive, these people are usually quite tolerant of mess. Their personal spaces are often cluttered with an assortment of things they've picked up, used, then dropped and forgotten about.





Frequently Asked Questions

What Is Temperament?

There are two sides to personality: temperament and character. Temperament is a set of inclinations we are born with, while character is a set of habits we acquire as we grow and mature. Temperament is predisposition, hardwired in from birth; character is disposition, developed over a lifetime. Thus, those of the Artisan temperament are predisposed to impulsive action, those of the Guardian temperament to responsible service, those of the Idealist temperament to personal development, and those of the Rational temperament to objective analysis. Each type of person, unless blocked or deflected by an unfavorable environment, will develop the habits of character appropriate to his or her temperament.

Put another way, our brain is a sort of computer that has temperament for its hardware and character for its software. Our hardware is the physical base of our personality, placing on each of us an unmistakable temperament signature, some facets of which can be observed from a very early age. Our software, on the other hand, is made up of our individual experiences and social environment -- the forces around us that, with time and occasion, give shape to our individual character.

Thus temperament is the inborn form of human nature and character is the emergent form that develops through the interaction of temperament and environment. Personality, your unique personal style, is a combination of the two.

How Can the Temperament Sorter Help Me?

Fundamentally, the Temperament Sorter helps you to do two things: understand your own temperament and gain insight to other peoples.' Possessing this valuable knowledge of human nature can have a variety of far-reaching effects on your life.

In the work world, being savvy about your temperament can lead you to a clearer understanding of your natural role and functions within an organization. It can also help you better capitalize on your personal strengths to build your success. By comprehending your co-workers' temperaments and how each temperament relates, you can begin to master your interactions with supervisors and staff. In addition, being able to interpret others' innate styles can help you to meet their implicit expectations, as well as increase your own leadership abilities.

In your personal life, being knowledgeable about temperament can help you build strong, lasting ties with others. This is true because it aids you in anticipating your loved ones' needs and respecting their different ways of dealing with life. When you are responsive to others, you will naturally be looked upon as dependable, responsible, helpful, and empathetic. These are all wonderful qualities to bring to your personal relationships. In addition, coming to terms with your own temperament and innate tendencies can bring new levels of wisdom and self-knowledge to all of your interactions, as well as identify how your particular temperament impacts and influences others.