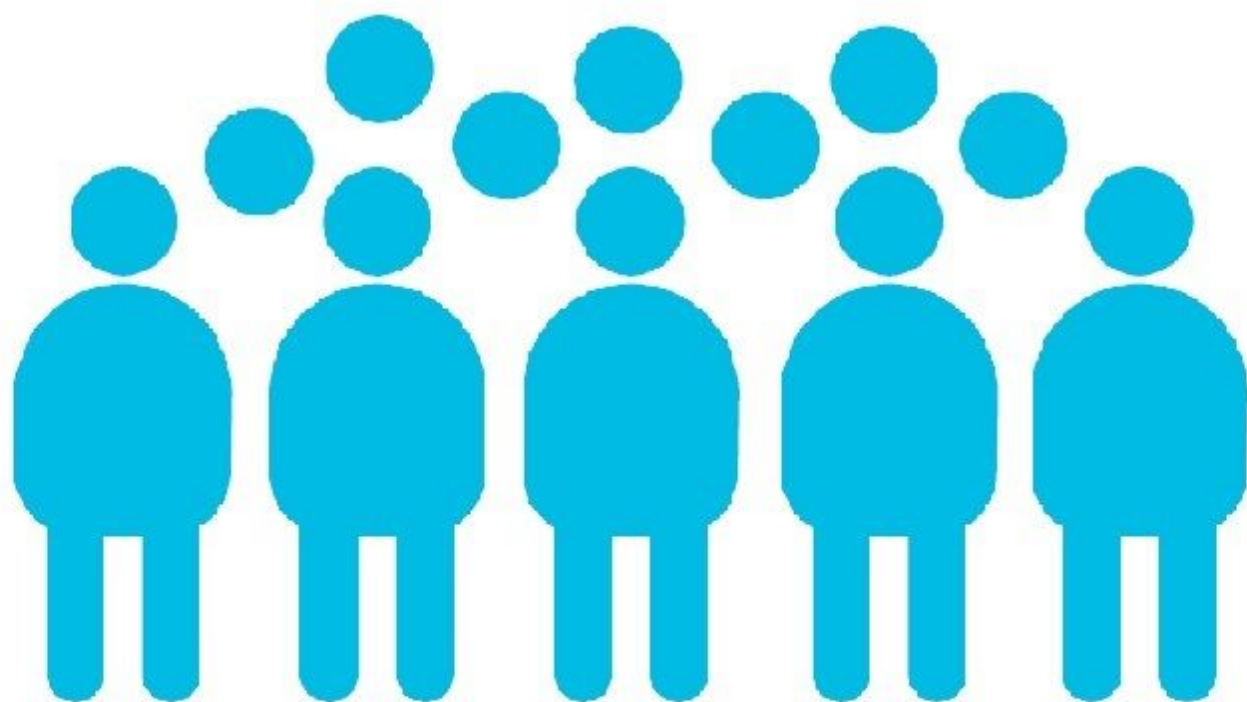


Extended Profile

Catalogue # 1341

London
Sperm
Bank



DONOR PROFILE GENERAL INFORMATION

Year of Birth: 1990

Place of Birth: United States

Racial Group/Color Code:

☒ Caucasian

☐ Black/Black

☐ Asian/Yellow

☐ Other/Red

Ethnic Origin/Ancestry:

Mother: English, Austrian

Father: Irish, English

Religion Born Into:

Donor: Catholicism

Mother: Baptist

Father: Catholicism

If Jewish:

☐ Ashkenazi

☐ Sephardic

☐ Oriental

Height: 6'0"

Weight:

159 lbs

Eye Color: Brown

Hair Color: Brown

Hair:

☐ balding

☐ thin

☒ average

☐ thick

Hair Type:

☐ curly

☐ wavy

☒ straight

Corrective Lenses:

☐ Yes

☒ No

Corrective Eye Surgery

☐ Yes

☒ No

Blood Type:

Bone Structure:

☐ Small

☒ Medium

☐ Large

☐ Very Large

Are you predominately:

☐ right-handed

☒ left-handed

☐ ambidextrous

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)

☐ Dark (unexposed skin)

☐ Light

☐ Moderate

☐ Dark

☐ Light tan

☐ Dark Tan

☐ Brown

☐ Black

EDUCATIONAL BACKGROUND

(check highest level attained)

High School

☐ 1

☐ 2

☐ 3

☒ 4

GPA: 2.8

College/University

☒ 1

☐ 2

☐ 3

☐ 4

GPA: 3.98

☐ B.A.

☐

B.S.

Major Area of Study: Environmental Science

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?

- English

What other languages do you speak?

- None

Math Skills/Ability:

- Natural math skill, not so great. However, I can understand with practice.

Mechanical Skills:

- strong understanding of construction and operation of machinery. Developed understanding and experience using various hand and power tools. High spatial reasoning ability.

Athletic Skills:

- Strong hand-eye coordination and athletic stamina and ability.

What is your favorite sport?

- Snowboarding and other board sports.

What are your Hobbies/Interests/Talents:

- Reading, playing guitar, photography, building objects

Describe your artistic ability:

- I believe I have an artistic eye for photography, or film, but my artistic ability using paint or other physical mediums is just awful.

What are your favorite foods?

- If seafood and steak could fully nourish a human, I'd never turn back.

What is your favorite color?

- yellow

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

- I do like animals, I'm just allergic to most of the ones people keep as pets. So I like them in theory, but much less in person.

To where would you like to travel and why?

- Japan, or South Africa. Japan, because the photos I've seen are beautiful, and the culture is so incredibly different from our own. South Africa because the people are friendly and laid-back, and there is some truly incredible nature.

How would you describe your personality?

- I would say I'm overall a friendly, helpful person. I do have a short temper sometimes, though, and it can be abrasive.

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

- Ultimately my goal is to enjoy my life. I don't want to spend years in a career I don't enjoy, or living in a place I'm not comfortable with. In twenty years I see myself either with a partner and a child, working to provide the best I can for them, while also feeling a sense of purpose, or as a bachelor pursuing his work and exploring the world.

ADDITIONAL ACADEMIC INFORMATION

SAT Scores: Verbal 680 Math 670 Total 1350

LSAT MCAT GRE

GMAT Other

EMPLOYMENT/OCCUPATIONAL HISTORY

What is your current or most recent occupation? Wine tasting room associate

List all the jobs you have had in the past five years and any exposure to chemicals and gases. Please consider carefully.

Jobs/Duties (Do not name employer)	Year employment		Exposure to which chemicals, gases, etc.
	Began	Ended	
1. Tasting room associate	Apr 2016	current	none
2. Engineering Laboratory Technician	Nov 2011	Oct 2015	Ammonium nitrate, sodium nitrate, trisodium phosphate
3. Tennis court construction	May 2011	Oct 2011	Paint concentrates
4.			
5.			
6.			

FERTILITY HISTORY

Do you have any children? No

If yes, how many male children? N/A

female children? N/A

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

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: Paternal cousin has trouble conceiving.

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

If yes, what was the cause?

Are there any diseases or abnormalities that appear to run in your family? X 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.)

X No ☐ Yes

If yes, please describe:

Relatives	Mother	Father	Siblings		Grandparents				Aunts		Uncles		Maternal Cousins		Paternal Cousins	
Indicate number of relatives			F	M	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	M	F	M
	1	1	1	0	1	1	1	1	0	4	2	2	1	1	5	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"/>	X
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"/>	X
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"/>	X
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"/>	X
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
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"/>	X
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"/>	X
2. Blood																		
A. 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"/>	X
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"/>	X
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"/>	X
D. leukemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
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"/>	X
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"/>	X
3. Respiratory (lungs)																		
A. hay fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
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"/>	X
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"/>	X
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
F. pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
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"/>	X
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"/>	X
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
C. melanoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
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"/>	X
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"/>	X
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"/>	X

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 type="checkbox"/>	X
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 type="checkbox"/>	X
C. hepatitis A (infectious)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
D. hepatitis 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 type="checkbox"/>	X
E. other liver 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"/>	X
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
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 type="checkbox"/>	X
H. Crohn'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 type="checkbox"/>	X
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 type="checkbox"/>	X
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 type="checkbox"/>	X
K. 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"/>	X
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 type="checkbox"/>	X
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 type="checkbox"/>	X
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"/>	X
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 type="checkbox"/>	X
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 type="checkbox"/>	X
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 type="checkbox"/>	X
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 type="checkbox"/>	X
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 type="checkbox"/>	X
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 type="checkbox"/>	X
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"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	X
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"/>	X

Comments: Paternal Grandmother had breast cancer, Age of onset: 41, Current condition: deceased

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"/>	X
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"/>	X
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
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"/>	X
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"/>	X
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"/>	X
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"/>	X
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"/>	X
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"/>	X
C. senility 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"/>	X
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"/>	X
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"/>	X
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"/>	X
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"/>	X
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"/>	X
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"/>	X
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"/>	X
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"/>	X
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"/>	X
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"/>	X
O. 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"/>	X
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"/>	X
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"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	X
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"/>	X
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"/>	X

Comments: Father's sister diagnosed bipolar disorder

Medical Problem	You	Mother	Father	Siblings		Grandparents				Aunts		Uncles		Maternal Cousins		Paternal Cousins		No one	
				F	M	MGV	MGF	PGM	PGF	MatPat	MatPat	MatPat	MatPat	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"/>	X
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"/>	X
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
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"/>	X
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"/>	X
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"/>	X
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"/>	X
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
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"/>	X
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"/>	X
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"/>	X
B. significant hearing loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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. 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"/>	X
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"/>	X
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"/>	X
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"/>	X
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"/>	X
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"/>	X
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"/>	X
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"/>	X
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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. 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"/>	X

Comments: Maternal uncle history of cocaine abuse; maternal grandfather diagnosed with prostate cancer in 2014, current condition: cancer-free

PERSONAL HEALTH HISTORY

Do you currently have any allergies? Yes

If yes, they are to: ☐ Food ☐ Drugs ☐ Plants ☒ Other

Please list specific substances and reaction(s) produced:

Substance	Reaction
Pet Dander	Sinus Congestion

Describe any childhood allergies you had:

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

Do you wear corrective lenses? ☒ No ☐ Yes Your vision is:

Are you: ☐ Nearsighted ☐ Farsighted ☐ Other (specify)

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?

Dietary supplements (vitamins, etc.)?

How often do you exercise? ☒ Regularly ☐ Occasionally ☐ Rarely

Type of exercise:

Have you ever had surgery? ☒ No ☐ Yes

If yes, please list all surgeries:

1)	Year:
2)	Year:
3)	Year:
4)	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?
exposure in the navy)

Yes (low level radiation

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

Have you ever been treated for any sexually-transmitted disease(s)?

X 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.?

☐ X No ☐ Yes

If yes, please explain:

Do you have any chronic medical problems or conditions?

X No ☐ Yes

If yes, please explain:

Have you ever been exposed to herbicides or toxic chemicals?

X No ☐ Yes

If yes, please explain:

Have you ever served in the military?

☐ No X Yes

If yes, please explain:
Technician

Served in the US Navy from 2011 - 2015 as an Engineering Laboratory

PERSONAL HEALTH HISTORY

(Continued)

Please list any medications you are currently taking:

N/A

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?
Ibuprofen	2004	continued	when necessary	orally
Naproxen	2004	continued	when necessary	orally
marijuana	2008	continued	weekends	smoked or ingested

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

1-2

Have you ever had a drinking problem?

X No ☐ Yes

If yes, describe:

Have you ever been treated for alcohol or drug abuse?

X No ☐ Yes

If yes, describe:

Do you smoke cigarettes?

X 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: 1958 Place of Birth: USA

Racial Group:
☒ Caucasian ☐ Black ☐ Asian ☐ Other

If Jewish: ☐ Ashkenazi ☐ Sephardic ☐ Oriental

Height: 5'9 Weight: 145 lbs Eye Color: Hazel Hair Color: Brown

Hair: Hair Type: Vision: Bone Structure:
☐ Balding ☐ Curly ☐ Excellent X Small
X Thin ☐ Wavy ☐ Good ☐ Medium
☐ Average X Straight ☐ Fair ☐ Large
☐ Thick X Poor ☐ Very Large

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

Skin Characteristics
Freckles: X None ☐ Few ☐ Many

X 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: Administrator

Education: High School Diploma

Special Skills or Characteristics: none

If living, describe her health: ☐ Excellent X Good ☐ Fair ☐ Poor

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

What kind of person is/was she?
Optimistic ☐1 ☐2 X 3 ☐4 Pessimistic
Assertive ☐1 X 2 ☐3 ☐4 Passive

Leader	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 3	X 4	Follower
Easy going	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 3	X 4	Controlling, rigid

FAMILY HISTORY

Father of Donor

Year of Birth: 1961

Place of Birth: USA

Racial Group:

☒ Caucasian

☐ Black

☐ Asian

☐ Other

If Jewish:

☐ Ashkenazi

☐ Sephardic

☐ Oriental

Height: 5'10"

Weight: 200

lbs

Eye Color: Brown

Hair Color: Black

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)

☐ Dark (unexposed skin)

☐ Light

☐ Moderate

☐ Dark

☐ Light tan

☐ Dark Tan

☐ Brown

☐ Black

Occupation: Senior Vice President of Defense Contracting Agency

Education: High School Diploma

Special Skills or Characteristics: none

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

☐ 1

☒ 2

☐ 3

☐ 4

Pessimistic

Assertive

☒ 1

☐ 2

☐ 3

☐ 4

Passive

Leader	X 1	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> 4	Follower
Easy going	<input type="checkbox"/> <input type="checkbox"/> 1	X 2	<input type="checkbox"/> <input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> 4	Controlling, rigid

FAMILY HISTORY

Sister of Donor

Year of Birth: 1994

Place of Birth: USA

Relationship to Donor:

☐

☐

☒ Full sibling

☐ Half sibling:

☐ maternal

☐ paternal

☐ Adopted into family (DO NOT COMPLETE THIS FORM)

Height: 57 Weight: 127 lbs Eye Color: Blue Hair Color: Blonde

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.):

Single dimple

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)

☐ Dark (unexposed skin)

☐ Light

☐ Moderate

☐ Dark

☐ Light tan

☐ Dark Tan

☐ Brown

☐ Black

Occupation: Medical receptionist

Education: Bachelor's Degree

Special Skills or Characteristics: none

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 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

Maternal Grandmother of Donor

Year of Birth: 1933 Place of Birth: USA

Racial Group:
☒ Caucasian ☐ Black ☐ Asian ☐ Other

If Jewish: ☐ Ashkenazi ☐ Sephardic ☐ Oriental

Height: 5'5 Weight: 160 lbs Eye Color: Brown Hair Color: Black

Hair:	Hair Type:	Vision:	Bone Structure:
<input type="checkbox"/> Balding	<input checked="" type="checkbox"/> Curly	<input type="checkbox"/> Excellent	<input type="checkbox"/> Small
<input type="checkbox"/> Thin	<input type="checkbox"/> Wavy	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Medium
<input checked="" type="checkbox"/> Average	<input type="checkbox"/> Straight	<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Large
<input type="checkbox"/> Thick		<input type="checkbox"/> Poor	<input type="checkbox"/> 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: Banker

Education: High School Diploma

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

FAMILY HISTORY

Maternal Grandfather of Donor

Year of Birth: 1930

Place of Birth: USA

Racial Group:

☒ Caucasian

☐ Black

☐ Asian

☐ Other

If Jewish:

☐ Ashkenazi

☐ Sephardic

☐ Oriental

Height: 6'1"

Weight: 180lbs

Eye Color: Blue

Hair Color: 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)

☐ Dark (unexposed skin)

☐ Light

☐ Light tan

☐ Dark Tan

☐ Moderate

☐ Brown

☐ Dark

☐ Black

Occupation: Car Salesman

Education: High School

Special Skills or Characteristics: none

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

☒ 1

☐ 2

☐ 3

☐ 4

Pessimistic

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

FAMILY HISTORY

Paternal Grandmother of Donor

Year of Birth: 1942

Place of Birth: USA

Racial Group:

☒ Caucasian

☐ Black

☐ Asian

☐ Other

If Jewish:

☐ Ashkenazi

☐ Sephardic

☐ Oriental

Height: 5'6" Weight: 140lbs

Eye Color: Brown

Hair Color: 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)

☐ Dark (unexposed skin)

☐ Light

☐ Moderate

☐ Dark

☐ Light tan

☐ Dark Tan

☐ Brown

☐ Black

Occupation: Homemaker

Education: High School Diploma

Special Skills or Characteristics: none

If living, describe her health:

☐ Excellent

☐ Good

☐ Fair

☐ Poor

If deceased, give cause and age at time of death: Breast Cancer, 45

What kind of person is/was she?

Optimistic

☒ 1

☐ 2

☐ 3

☐ 4 Pessimistic

Assertive

☐ 1

☐ 2

☒ 3

☐ 4 Passive

Leader	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 2	X 3	<input type="checkbox"/> <input type="checkbox"/> 4	Follower
Easy going	X 1	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> 4	Controlling, rigid

FAMILY HISTORY

Paternal Grandfather of Donor

Year of Birth: 1942

Place of Birth: USA

Racial Group:

☒ Caucasian

☐ Black

☐ Asian

☐ Other

If Jewish:

☐ Ashkenazi

☐ Sephardic

☐ Oriental

Height: 5'10"

Weight: 170lbs

Eye Color: brown

Hair Color: 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)

☐ Dark (unexposed skin)

☐ Light

☐ Moderate

☐ Dark

☐ Light tan

☐ Dark Tan

☐ Brown

☐ Black

Occupation: Verizon budgeting department manager

Education: High School Diploma

Special Skills or Characteristics: none

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

☐ 1

☒ 2

☐ 3

☐ 4

Pessimistic

Assertive

☐ 1

☒ 2

☐ 3

☐ 4

Passive

Leader	□□1	□□2	X 3	□□4	Follower
Easy going	□□1	X 2	□□3	□□4	Controlling, rigid

FAMILY HISTORY

Maternal Uncle of Donor

Year of Birth: 1950

Place of Birth: USA

Racial Group:

☒ Caucasian

☐ Black

☐ Asian

☐ Other

If Jewish:

☐ Ashkenazi

☐ Sephardic

☐ Oriental

Height: 5'1"

Weight: 190lbs

Eye Color: brown

Hair Color: 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)

☐ Dark (unexposed skin)

☐ Light

☐ Light tan

☐ Dark Tan

☐ Moderate

☐ Brown

☐ Dark

☐ Black

Occupation: Police Officer

Education: High School Diploma

Special Skills or Characteristics: none

Does he have any children?

☐ No

☒ Yes

If yes, how many female children? 1

male children? 1

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

FAMILY HISTORY

Maternal Uncle of Donor

Year of Birth: 1962

Place of Birth: USA

Racial Group:

X Caucasian

☐ Black

☐ Asian

☐ Other

If Jewish:

☐ Ashkenazi

☐ Sephardic

☐ Oriental

Height: 5'10" Weight: 165lbs Eye Color: hazel Hair Color: brown

Hair:

☐ Balding

☐ Thin

X Average

☐ Thick

Hair Type:

☐ Curly

X Wavy

☐ Straight

Vision:

☐ Excellent

X Good

☐ Fair

☐ Poor

Bone Structure:

☐ Small

X Medium

☐ Large

☐ Very Large

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

Skin Characteristics

Freckles:

☐ None

X Few

☐ Many

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

X Fair (skin will tan lightly on sun exposure)

☐ Medium (light color but will tan moderate to dark)

☐ Olive (pigmentation of unexposed skin)

☐ Dark (unexposed skin)

☐ Light

☐ Moderate

☐ Dark

☐ Light tan

☐ Dark Tan

☐ Brown

☐ Black

Occupation: General Handyman

Education: High School Diploma

Special Skills or Characteristics: none

Does he have any children?

X No ☐ Yes

If yes, how many female children?

male children?

If living, describe his health:

☐ ☐ Excellent

X Good

☐ ☐ Fair

☐ ☐ Poor

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

What kind of person is/was he?

Optimistic ☐ ☐ ☐ ☐

☐ ☐ ☐

X 3

☐ ☐ ☐

Pessimistic

Assertive ☐ ☐ ☐ ☐

X 2

☐ ☐ ☐

☐ ☐ ☐

Passive

Leader ☐ ☐ ☐ ☐

☐ ☐ ☐

X 3

☐ ☐ ☐

Follower

Easy going ☐ ☐ ☐ ☐

X 2

☐ ☐ ☐

☐ ☐ ☐

Controlling, rigid

FAMILY HISTORY

Paternal Aunt of Donor

Year of Birth: 1960

Place of Birth: USA

Racial Group:

X Caucasian

☐ ☐ Black

☐ ☐ Asian

☐ ☐ Other

If Jewish:

☐ ☐ Ashkenazi

☐ ☐ Sephardic

☐ ☐ Oriental

Height: 5'5"

Weight: 160lbs

Eye Color: brown

Hair Color: brown

Hair:

☐ ☐ Balding

☐ ☐ Thin

X Average

☐ ☐ Thick

Hair Type:

☐ ☐ Curly

☐ ☐ Wavy

X Straight

Vision:

☐ ☐ Excellent

X Good

☐ ☐ Fair

☐ ☐ Poor

Bone Structure:

☐ ☐ Small

X Medium

☐ ☐ Large

☐ ☐ Very Large

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

Skin Characteristics

Freckles:

☐ None

X Few

☐ Many

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

X Fair (skin will tan lightly on sun exposure)

☐ ☐ Medium (light color but will tan moderate to dark)

☐ ☐ Olive (pigmentation of unexposed skin)

☐ ☐ Dark (unexposed skin)

☐ ☐ Light

☐ ☐ Moderate

☐ ☐ Dark

☐ ☐ Light tan

☐ ☐ Dark Tan

☐ ☐ Brown

☐ ☐ Black

Occupation: Auto Parts office manager

Education: Some college

Special Skills or Characteristics: none

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

FAMILY HISTORY

Paternal Aunt 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: 185lbs Eye Color: blue 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)

☐ Dark (unexposed skin)

☐ Light

☐ Light tan

☐ Dark Tan

☐ Moderate

☐ Brown

☐ Dark

☐ Black

Occupation: Office manager for paving company

Education: Some College

Special Skills or Characteristics: none

Does she have any children?

☐ No

☒ Yes

If yes, how many female children?

2

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

FAMILY HISTORY

Paternal Aunt of Donor

Year of Birth: 1965

Place of Birth: USA

Racial Group:

☒ Caucasian

☐ Black

☐ Asian

☐ Other

If Jewish:

☐ Ashkenazi

☐ Sephardic

☐ Oriental

Height: 5'6"

Weight: 150 lbs

Eye Color: brown

Hair Color: 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)

☐ Dark (unexposed skin)

☐ Light tan

☐ Light

☐ Dark Tan

☐ Moderate

☐ Brown

☐ Dark

☐ Black

Occupation: Office Manager for wastewater company

Education: Some College

Special Skills or Characteristics: none

Does she have any children?

☐ No

☒ Yes

If yes, how many female children?

1

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

FAMILY HISTORY

Paternal Aunt of Donor

Year of Birth: 1978

Place of Birth: USA

Racial Group:

☒ Caucasian

☐ Black

☐ Asian

☐ Other

If Jewish:

☐ Ashkenazi

☐ Sephardic

☐ Oriental

Height: 5'6" Weight: 170lbs Eye Color: blue 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)

☐ Dark (unexposed skin)

☐ Light

☐ Light tan

☐ Dark Tan

☐ Moderate

☐ Brown

☐ Dark

☐ Black

Occupation: Office manager

Education: Some college

Special Skills or Characteristics: none

Does she have any children?

☐ No

☒ Yes

If yes, how many female children?

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

FAMILY HISTORY

Paternal Uncle of Donor

Year of Birth: 1963

Place of Birth: USA

Racial Group:

☒ Caucasian

☐ Black

☐ Asian

☐ Other

If Jewish:

☐ Ashkenazi

☐ Sephardic

☐ Oriental

Height: 5'9"

Weight: 160 lbs

Eye Color: brown

Hair Color: 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)

☐ Dark (unexposed skin)

☐ Light tan

☐ Light

☐ Dark Tan

☐ Moderate

☐ Brown

☐ Dark

☐ Black

Occupation: Contract manager for NAVSEA

Education: High School Diploma

Special Skills or Characteristics: none

Does he have any children?

☐ No

☒ Yes

If yes, how many female children?

1

male children? 2

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

FAMILY HISTORY

Paternal Uncle of Donor

Year of Birth: 1967

Place of Birth: USA

Racial Group:

X Caucasian

☐☐ Black

☐☐ Asian

☐☐ Other

If Jewish:

☐☐ Ashkenazi

☐☐ Sephardic

☐☐ Oriental

Height: 5'9" Weight:

180 lbs

Eye Color: brown

Hair Color: black

Hair:

☐☐ Balding

☐☐ Thin

X Average

☐☐ Thick

Hair Type:

☐☐ Curly

X Wavy

☐☐ Straight

Vision:

☐☐ Excellent

X Good

☐☐ Fair

☐☐ Poor

Bone Structure:

☐☐ Small

X Medium

☐☐ Large

☐☐ Very Large

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

Skin Characteristics

Freckles:

☐ None

X Few

☐ Many

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

X Fair (skin will tan lightly on sun exposure)

☐☐ Medium (light color but will tan moderate to dark)

☐☐ Olive (pigmentation of unexposed skin)

☐☐ Dark (unexposed skin)

☐☐ Light tan

☐☐ Light

☐☐ Dark Tan

☐☐ Moderate

☐☐ Brown

☐☐ Dark

☐☐ Black

Occupation: Car Salesman

Education: High School Diploma

Special Skills or Characteristics: none

Does he have any children?

☐☐☐ No X Yes

If yes, how many female children?

1

male children?

1

If living, describe his health:

☐☐ Excellent

X Good

☐☐ Fair

☐☐ Poor

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

What kind of person is/was he?

Optimistic

☐☐ 1

☐☐ 2

X 3

☐☐ 4 Pessimistic

Assertive

☐☐ 1

X 2

☐☐ 3

☐☐ 4 Passive

Leader

☐☐ 1

☐☐ 2

X 3

☐☐ 4 Follower

Easy going

☐☐ 1

☐☐ 2

X 3

☐☐ 4 Controlling, rigid

In Your Own Words...

What did you do immediately after high school?

- Immediately after high school I went off to college, and being the undisciplined 18 year old I was, I returned home after a semester and went to community college and worked until I decided to join the Navy.

Which words describe your personality and character?

- Curious, easygoing, snarky, helpful, empathetic

Which sports do you like to participate in?

- Cycling

Which sports did you play as a child?

- Soccer, baseball, lacrosse

Which sports do you enjoy watching?

- Hockey, lacrosse, football

Do you play any musical instruments?

- Guitar, piano, bass guitar

What is your most memorable childhood experience?

- Scuba diving with the Venture Crew I was a part of. We spent an entire week living on a sailboat and scuba diving at least twice a day in the Florida Keys.

To which countries have you traveled?

- Canada

Describe one of your favorite vacations to another country:

- I went to a four-day yoga, hiking, and music festival called Wanderlust in Whistler, BC. We spent the weekend doing mountaintop yoga, going on stunning hikes, and just enjoying the beautiful scenery. It was amazing.

Describe things you like the most about your own country:

- I like how people from the US can bond together quickly, especially in times of need. I also think people in this country are generally nice, friendly, and willing to help someone in need.

Describe a few of your strong sides:

- I'm logical, calculating, and come at problems with a scientific mind. I love to be active, and exercise regularly. I often pay great attention to the feelings of others, when making a decision considering them.

Describe a few of your weak sides:

- When I pay attention to the feelings of others, it is usually more to friends or acquaintances, rather than those closer to me. I am often forgetful, and when insecure, can quickly become defensive.

Donor Essay

Why do you want to be a donor?

I wanted to be a sperm donor mostly to make a little extra money to save for vacations for my girlfriend and I. In addition, I'm glad that the way I make that money can help people who want to have a child but for whatever reasons, can't. Everyone has the right to a family, and I feel good about being able to play a part. I am also intrigued and kind of fascinated by the fact that people I've never met have the ability to procreate using my genetic material. Sperm donation is a wonderful resource that modern science has made possible.

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

My relationship with my parents was mostly good-natured, and I have fond memories of my childhood and the things they were able to provide for me. My parents taught me good morals and values, and my dad's martyr-like attitude for his family has helped me empathize much more effectively. He also made sure that we were thorough in all our work, and helped me develop an excellent attention to detail. Even though we had a good life, my family wasn't the most direct with discussing feelings. I wish I had more discussions with my parents about how I felt, and how to deal with my emotions, instead of the traditional "bottle them up" approach. I think that this has made me a little harder to communicate with.

What makes you unique?

I think the random combination of experiences we all encounter makes everyone starkly unique. No matter who they are, no person will ever have the same experiences, with the same perception, in the same order as another. I think this makes just about every single thing about a person unique, regardless of the worldviews they have developed as a result.

What are you most proud of and why?

I am most proud of the analytical mind I have developed as a result of my father's guidance. It helps me ground myself, and come at an idea from a logical standpoint.



The Keirsey Temperament Sorter® II Classic Temperament Report

Report prepared for: #1341

Friday, August 5, 2016



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Temperament: Artisan™
Type: Performer (ESFP)

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.

Your temperament is the Artisan (SP). There are many Artisans, perhaps 30 to 35 percent of the population. This is a lucky thing for the rest of us, because Artisans create much of the beauty, grace, fun, and excitement in life. Your particular personality type, the Performer (ESFP), makes up something over 8 to 9 percent of the population – another fortunate thing since you bring pleasure to those around you.

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.

Contents

**About Your Artisan Temperament
Being a Performer**

- About You
- Famous Performers

Work & Career

- Your Ideal Work Environment
- At Work with the Four Temperaments
- Finding the Right Workplace

Love & Relationships

- About You
- About Your Partner

What Each Letter Means

FAQs

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

Keirsey® Temperament® Sorter
RESULTS



Powered by **Keirsey.com**



E = Expressive Attentive = I
S = Observant Introspective = N
T = Tough-Minded Friendly = F
P = Probing Scheduled = J

The above graph represents your score for each letter preference, on a scale of 0 to 10. A "10" means that you answered all questions in favor of a particular preference, while a "0" means that you answered no questions in favor of that preference.



About Your Artisan Temperament

There are four types of Artisans (SPs): Promoters, Crafters, Performers, and Composers. These four personality types share several core characteristics. Firstly, Artisans are fun loving, optimistic people focused on the here and now.

Artisans are typically bold, spontaneous individuals who trust their impulses to lead them forward into life's adventures.

Members of this group don't simply want to walk through the world. They want to make a real splash. As a result, Artisans are typically pretty memorable people. Excitable and often unconventional, Artisans seek out the stimulation of new experiences more than others do. They want to try -- and even master -- the great variety of activities that life has to offer. In their personal lives, upbeat, curious natures can make Artisans playful mates and creative parents. Professionally, their combination of realism and risk-taking can make these individuals troubleshooting leaders. Overall, Artisans prize the kind of freedom that allows them to live for the moment and seize the day.

The Four Types of Artisans Are:

- Promoter (ESTP)
- Crafter (ISTP)
- Performer (ESFP)
- Composer (ISFP)

All Artisans share the following core characteristics:

- Artisans tend to be fun-loving, optimistic, realistic, and focused on the here and now.
- Artisans pride themselves on being unconventional, bold, and spontaneous.
- Artisans make playful mates, creative parents, and troubleshooting leaders.
- Artisans are excitable, trust their impulses, want to make a splash, seek stimulation, prize freedom, and dream of mastering action skills.

An Overview of the Other Three Temperaments

Guardians are the cornerstones of society, for they are the temperament given to serving and preserving our most important social institutions. Guardians have natural talent in managing goods and services -- from supervision to maintenance and supply -- and they use all their skills to keep things running smoothly in their families, communities, schools, churches, hospitals, and businesses.

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 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 a Performer

Performers like you have the special ability to delight those around you with your warmth, good humor, and talents. Your type is well known for being skilled in areas like music, comedy, and drama. Whether on the job, with your friends, or with family, you can be an exciting person to be around.

As a Performer, one could say that for you "all the world is a stage." Often it seems that your greatest social interest lies in stimulating those around you to take a break from work and worry. Mostly you want others to lighten up and enjoy life. A born entertainer, you usually love the excitement of playing to an audience. As a result, you can quickly become the center of attention almost anywhere you go.

Your type isn't particularly comfortable being alone. In most circumstances, you'd much prefer to seek out the company of others. Because you can be smooth, talkative, and witty, this usually isn't too difficult a task. Performers like you always seem to know the latest jokes and stories. It seems that nothing is so serious or sacred that it can't be made fun of. This lively, irreverent nature can make you a wonderful playmate. By instilling a kind of "eat, drink, and be merry" attitude in others, you're likely known as the life of the party.

If you've noticed that you have the Performer's propensity for life in the fast lane, you may find that you somehow always stay up on the latest fashions, food, and music. This talent for enjoying the good life is healthy for the most part. However, it can also make you more subject to less wholesome temptations. At times, pleasure may seem to be an end in itself. Feeling that variety is the spice of life, you may be open to try almost anything that promises a good time. When you find yourself at such crossroads, try to remember that all actions have consequences. This can be easy to disregard in the excitement of the moment.

Like the other Artisans, Performers like you are incurably optimistic. "Always look on the bright side" could well be your motto. When troubles do arise, you'll typically avoid worrying about them by ignoring them as long as possible. Sometimes this tactic works like a charm. Other times, not so much.

You're one of the most generous of all the types, and second only to the Artisan Composers (ISFPs) in terms of kindness. Those in your life have probably noticed that you don't have a mean or stingy bone in your body. Saving and conserving don't seem to hold the same kind of focus in your life as they do for many people. As a result, you're the type who's able to give what you have without expectation of reward. This generous nature applies as much to love as it does to money or possessions. In so many ways, Performers like you seem to view life as an eternal cornucopia from which flows an endless supply of pleasures.



Famous Performers

Did you know that Elvis Presley and Elizabeth Taylor are both Performers too? It's not so surprising when you think about it.



Elvis Presley was known as "the King" and brought audiences to their feet for decades with his masterful, and at times outrageous, performance style.



Elizabeth Taylor is an actress known for being one of the true stars of her generation. Today, though no longer on the screen, she continues being a Performer through her dramatic and well-publicized personal life.



Work and Career

Your Ideal Work Environment

Even at work your motto could be, "Let me entertain you. Let me make you smile." In fact, bringing playfulness and ease to situations can be one of your greatest contributions on the job.

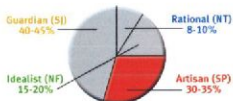
Because of your gift for creative, diplomatic expression, your ideal position might include tasks that allow you to apply your communications talent for the good of the organization. Your expressive nature can make you feel stifled in reserved or formal environments. When you find yourself in such places, you may entertain yourself and others by playing the class clown. This may endear you to your colleagues but likely not to your superiors.

Like other Artisan professionals, you're wired to seize freedom and spontaneity in your work. You can hunger for the liberty to play, create, and act on your impulses. As a result, Artisans like you typically thrive in "action" occupations – those that involve precision, endurance, strength, boldness, and timing.

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.

When working on a team with other Artisans, you may want to consider input from people from the other three temperament groups. In your quest to achieve your objectives, you, like your fellow Artisans, often disregard rules, regulations, and organizational structure you perceive as getting in the way. While you may achieve your tactical goals, team members of the other temperaments can make sure you don't burn any bridges or light additional fires in the process.



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.

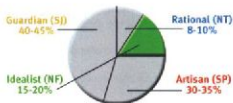


At work, Guardians tend to be administrators and managers. They can be experts at doing what needs to be done in the manner it must be done. They are dependable, accountable, realistic, and service-oriented. Co-workers likely appreciate their desire to belong and contribute but may perceive Guardians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

You may find working with Guardians a little frustrating at times. As an Artisan, you are action-oriented and tend to ignore red tape wherever possible. Guardians, on the other hand, are very conscious of rules, regulations, and organizational structures and will tend to expect you to toe the line.

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.



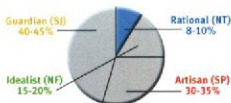
In work environments, Idealists are usually positive, helpful, and people-oriented. They can be experts at dealing with the human resource concerns of an organization, whether these issues are part of their job description or not. Idealists are warm, idealistic, caring individuals. Co-workers are apt 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.

Idealist co-workers may frustrate you on occasion through your perception that they aren't as focused on present realities and are less action-oriented than you. Idealists believe strongly in cooperative effort and may be ruffled by your strongly competitive nature.



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 will likely be fairly comfortable working with most Rationals. Like you, they have little regard for most rules and procedures, discarding either whenever they find something they see as working better. They will tend to be more future-focused and less present in the moment than you are. As a team, your combined strength of tactics and strategy can be quite powerful.

Tips to Help You Find the Right Workplace

- Seek out a place where your talents can be used effectively without too many rules or conventions getting in the way.
- Some structured environments where competition and action are abundant (e.g., the military, law enforcement) can provide the variety and opportunity desired by some Artisans.
- Be wary of jobs that pay well but are not challenging. If the work is not enjoyable, search for alternatives.
- Don't underestimate the value of life experience you picked up beyond the parameters of formal schooling or paid work.

For Artisans, satisfaction in the workplace seems to be driven largely by flexible hours, challenging work, altruistic service, and a little bit by social opportunities like company-sponsored beer on Fridays. However, other perks like stock options or being able to bring pets to work don't appear to have much of an effect. Artisans usually work for the process of working in itself, rather than focusing toward a particular end. As a result, Artisans can become bored with routine and be quick to try new things. This trend becomes evident when looking at the very wide range of jobs that Artisans take on. Particular career choice doesn't appear to be as important for Artisans as the ability to try out new skills and roles.



Love and Relationships

Although charm and humor are your usual style, Artisans like you are often initially attracted to more straight-laced, serious types when it comes to love. Perhaps this is because you admire people who can simply state their wishes, needs, and thoughts without making efforts to appease others.

Because you're usually such an expressive person, play and humor will also be necessary ingredients for successful love. At times, it may surprise you that your super-competent, serious mate doesn't always lighten up, even in the comfort of your relationship. For you, laughter and fun are ways of defusing tension, particularly during times of conflict. Otherwise you can become overwhelmed by the heaviness of decision-making and conflict resolution that relationships sometimes require. Even if your partner is the more serious kind, used wisely, your ability to charm and entertain will bring a sense of fun to almost any time the two of you share.

About You

You are among the most likely of all the types to react with strong emotions to changes in the relationship whether it's good news or bad news, such as proposal, pregnancy or infidelity. You are also among the most likely of the types to want to constantly touch and be touched by your mate. Your engaging and enthusiastic character is likely to be very attractive to others. You bring a sense of *joie de vivre* to everyday life which invites others to come enjoy the fun.

You have probably thoroughly enjoyed dating games. They are exciting, constantly changing, and can be a big boost to the ego. You are likely to have been good at sending signals of receptivity and getting almost anyone you've wanted. The spice of a new or potential romance can be a powerful drug. It may be difficult to transition to focusing on only one relationship.

One difficulty you may have in a relationship is that you want constant expressions of affection: you can never be praised too much or hear "I love you" too many times. This can place an impossible burden on your partner. You can probably help your mate gain skills in the wonderful world of romance. You will also want to learn to look for and recognize your partner's ways of saying you are loved.

One aspect about you that may cause your partner problems is that they may see you as never being serious. While fun and games are fantastic, there's still work to be done, bills to be paid, and children to be raised. It is important to know when to be straightforward, recognizing that seriousness does not mean disapproval.

About Your Partner

If Your Partner Is an Artisan

Artisan (SP)/Artisan (SP): Artisan/Artisan pairings are likely to be full of fun and excitement, as both partners are likely to have many interests and activities in common. Like playmates, such a couple can truly explore the pleasures of life. However, problems may occur if their fast-paced ways cause them to either exhaust one another or simply lose interest. When both partners are



Artisans, they are likely to have fairly similar views on romance, showing love, and jealousy. However, one thing that can cause jealousy is if one partner becomes too insistent upon being a game-player about love and continually focuses on other love objects in order to stimulate the other partner's jealousy to cause excitement. This may lead the other partner to retaliate or pull away. For the relationship to succeed, both will need to have some similar areas to adventure in, plus other areas where the partner allows them freedom.

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

Artisan (SP)/Guardian (SJ): Artisan/Guardian pairings are complementary relationships where the partners' natural tendencies can balance one another nicely. For Artisans, a responsible, concerned Guardian can seem like a real Rock of Gibraltar to ground themselves to. Guardians may rely upon Artisans to add spice to their life and to demand that they occasionally free themselves from the constraints of responsibility that they place upon themselves. However, these couples don't always see eye to eye on money matters, with Artisans wanting the



excitement of a grand gesture and Guardians desiring practicality and savings for the future. 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 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

Artisan (SP)/Idealist (NF): Artisan/Idealist pairings are likely to be imaginative romps, marked by freedom, spontaneity, and sensual pleasures. The Artisans can enjoy the Idealists' sensitivity and empathy for others and their deep interest in their partner's success. The Idealists can find that the Artisans' need for action stimulates them to participate more fully in the now. Idealists may focus on the self-realization of themselves and their partners to the extent that they cease to participate in the Artisans' spontaneous adventures, while the Artisans, who have little patience for exploring their inner lives, push more and more towards having adrenaline highs.



For the relationship to succeed, both will need to find areas that don't involve each other: Artisans in areas to express their freedom and Idealists in areas for self-development.

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

Artisan (SP)/Rational (NT): Artisan/Rational pairings can be highly practical and functional partnerships which balance acting in the day-to-day world and dreaming about future possibilities. Indeed, Artisans are often impressed by Rationals' theoretical approach to problems because it is so different from their own view of things. Rationals can enjoy the Artisans' zest for life and their drive towards action and adventure. However, these relationships can become challenging if Artisans become bored with listening to their Rational partners' ideas and theories or if Rationals' calmer, detached ways clash with Artisans' typical focus on excitement and worldly pleasure. For the relationship to succeed, both must find separate arenas to express themselves: Artisans in their need for excitement and Rationals in their need for intellectual stimulation.

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:

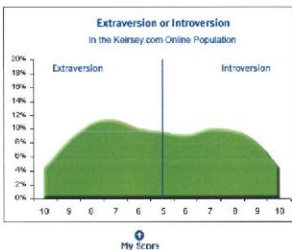
E	Extraverted (Expressive)	I	Introverted (Attentive)
S	Sensing (Observant)	N	Intuitive (Introspective)
T	Thinking (Tough-Minded)	F	Feeling (Friendly)
J	Judging (Scheduled)	P	Perceiving (Probing)

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.

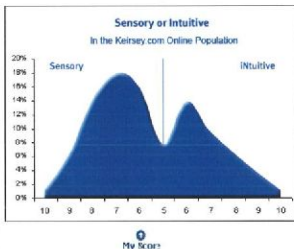
Remember, however, that no one is simply an Extrovert or an Introvert. These terms are merely end points on the E-I scale, with most everyone falling somewhere in between. Most individuals embody a mixture of these two social styles. Also, different tasks or roles at work or in the family can bring out 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.

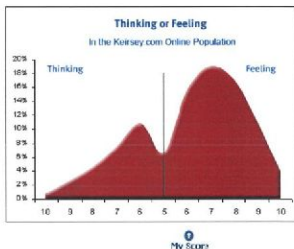
T/F Scale

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.





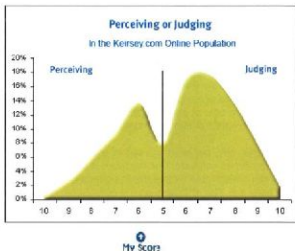
J/P Scale

The Judgment/Perception (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.