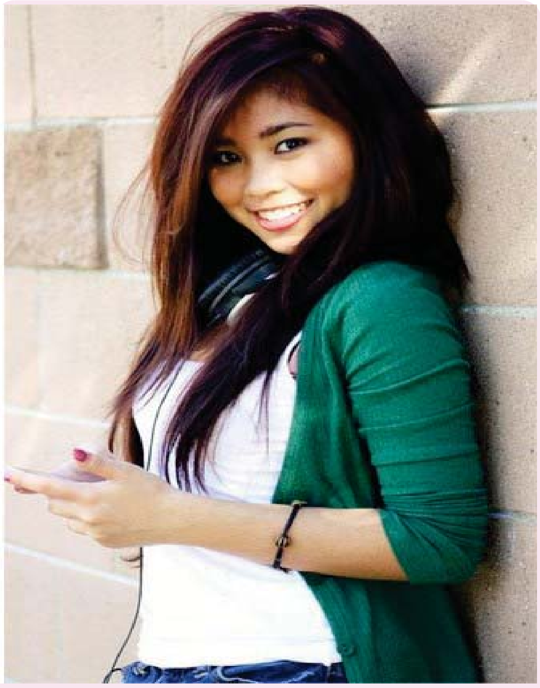
Messege to the Potential Couple

YD-703-DS-745

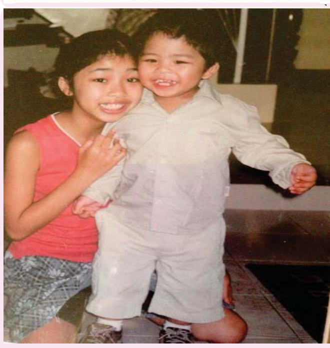
所在国家	美国
籍贯	美国
出生或年龄	20岁
身高	5’00(英文单位i)
体重	100LBS
血型	O
当前受教育程度	本科
视力	正常
是否吸烟	否
健康状况	很好
是否捐过卵	否

联系方式: 400-887-1005

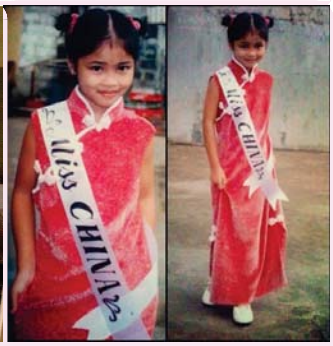
档案制作时间: 2014年3月份



Donor Candidate



With Family Members



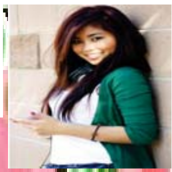
With Family Members

TODAY 14-3-27

制作
2014.03.31
L_Jie

622 FORM
DNAP Profile

DAP YUlane.org
Donor Assessment Program



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		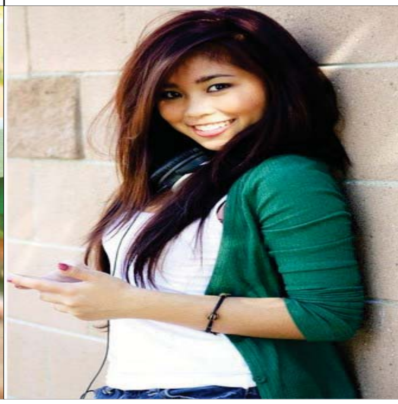	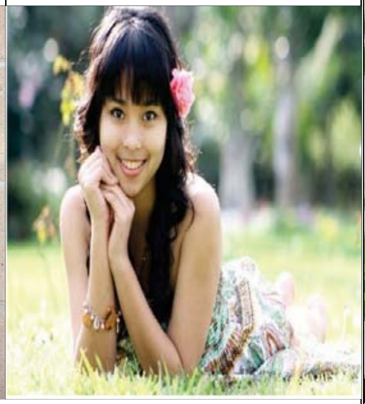

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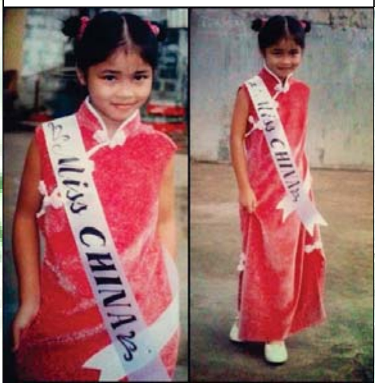	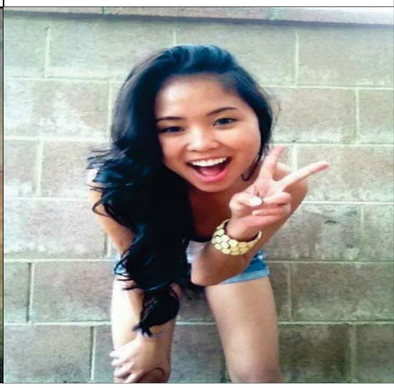		

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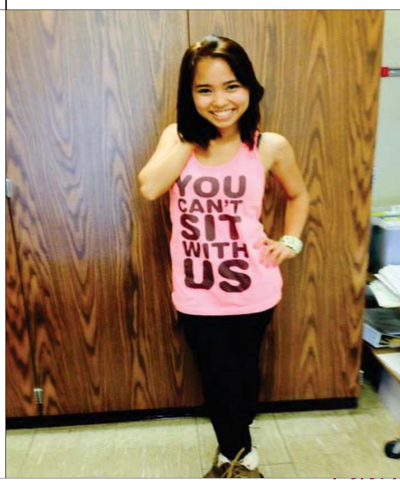
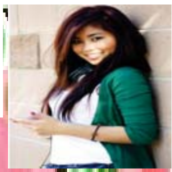
			

Profiles Presentation Lu Jie

Interview by DS

DONOR Applicant Nick Name 745



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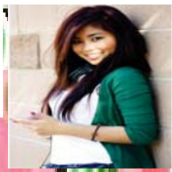
Profiles Presentation Lu Jie

Interview by DS

DONOR Applicant Nick Name 745



Donor Data sourced by the Donor Agency
Nick Name: 745

Donor Number
"745"

What is your city?
"Los Angeles"

What is your state?
"California"

What race would you most likely be affiliated?
"Asian"

What is your blood type?
"O-"

Age
"20"

What is your height?
"5'00""

What is your weight in pounds?
"100"

What is your body type?
"Straight"

What is your skin complexion?
"Medium"

What is your natural hair color?
"Black"

What is your hair texture?
"Straight"

What is your eye color?
"Brown"

Describe any distinguishing physical characteristics.
"I have long eyelashes, round face, round cheekbones, small nose, decent eyebrows."

Have you had any plastic surgery?
"No"

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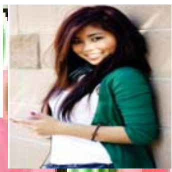
Have you had any orthodontia?
"Yes"



Donor Data sourced by the Donor Agency
Nick Name: 745

If yes, what was the reason and for what duration of treatment.
"I had an overbite so I had to have braces for a year and a half."

Have you had vision correction surgery?
"No"

Do you have glasses?
"No"

Do you have contacts?
"No"

Do you have hearing problems?
"No"

Select the general shape of your face.
"Round"

How significant was your adolescent acne?
"Average"

How significant is your adult acne?
"During Menstruation"

What was your natural hair color as a child?
"Black"

What is your natural hair color as an adult?
"Dark Brown"

What is your hair type?
"Fine"

What is your hair fullness?
"Medium"

Select the general shape of your eyes.
"Almond"

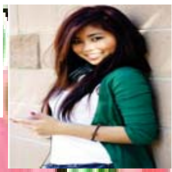
Select the general size of your eyes.
"Small"

Select the general shade of your eyes.
"Dark"

Select the general description of your eyebrows.
"Medium"

Select the general description of your eyelashes.
"Long"

Select the general description of the size of your mouth.



Donor Data sourced by the Donor Agency
Nick Name: 745

"Medium"

Select the general description of the size of your lips.

"Full"

Select the general description of the shape of your chin.

"Round"

Select the general description of the cleft in your chin.

"Small"

Do you have dimples?

"None"

Select the general description of the size of your teeth.

"Average"

What is your frame size?

"Petite"

What are your natural chest measurements in inches?

"31"

What is your waist size in inches?

"24"

What is your hip size in inches?

"25"

What is your dress size?

"0"

Describe any significant moles you may have on your body.

"I have a mole right below my lower lip, on the palm of my right hand, on my shoulder, on my ear, and one of my butt cheeks."

Select the general description of your skin tone.

"Light Brown"

Select the general shade of your skin.

"Medium"

Select the general description of your type of skin.

"Combination"

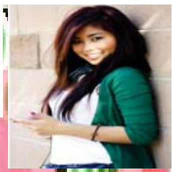
Select the general description of freckles on your body.

"None"

Select the general description of your ability to tan.

"Slightly Tan"

What is your dominant hand?



Donor Data sourced by the Donor Agency
Nick Name: 745

"Left"

How many times have you donated eggs?

"0"

What is your occupation?

"I work as a teacher's assistant at a high school and an after school program tutor for middle school kids."

What is your college GPA? (or enter N/A if haven't attended college)

"My college GPA is 3.7"

What languages do you know?

"English""Other (explain)"

Please explain "Other"

"I am also fluent in Tagalog."

Please complete the table regarding your education.

Type of Education	GPA	Degree	Area of Study
High School:	3.8	High School Diploma/GED Certificate	High School Completion
Community College:	3.7	General Education	Global Studies
Bachelors Degree:	3.5	B.A (2017)	Social Work
Graduate School:			
Professional School:			

Please complete the following table regarding test scores.

Tests	Score	Year
SAT Score:	N/A	N/A
ACT Score:	N/A	N/A

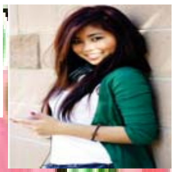
What were/are your best subjects in school?

"My best subjects in school were English, foreign language classes, and history classes."

What areas of academic weakness to you have?

"I have an academic weakness in Math and Chemistry."

Please describe any awards you have received. (Do not provide information that may identify you).



Donor Data sourced by the Donor Agency
Nick Name: 745

"I received a Best in Language and Arts award in 6th grade and won a singing contest"

What are your career goals?

"My career goal is to double-major in Global Studies and Behavioral Psychology and be highly involved in community and social welfare jobs."

Are your adopted?

"No"

Please select the dominant ethnicity of each of the following relatives:

Family Ethnicity	MGM	MGF	PGM	PGF
Ethnicity:	Asian	Asian	Chinese	Chinese

Explanation

"Filipino and Chinese"

What is your mother's ethnicity?

"Asian""Chinese"

What is your father's ethnicity?

"Asian" "Chinese"

Please explain "Other"

"Filipino and Chinese"

Please select the height of each of the following family members:

Family Height	Mother	Father	MGM	MGF	PGM	PGF
Height:	4'11"	5'11"	5'00"	6'00"	4'09"	6'00"

Please select the weight (in pounds) of each of the following family members: (please just enter the number or unknown)

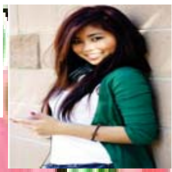
Family Weight	Mother	Father	MGM	MGF	PGM	PGF
Weight:	128	140	unknown	unknown	unknown	unknown

Please select the body type of each of the following family members:

Family Body Type	Mother	Father	MGM	MGF	PGM	PGF
Body Type:	Straight	Athletic	Round	Athletic	Straight	Athletic

Please select the eye color of each of the following family members:

Family Eye Color	Mother	Father	MGM	MGF	PGM	PGF
Eye Color:	Brown	Black	Brown	Brown	Black	Black



Donor Data sourced by the Donor Agency
Nick Name: 745

Please select the natural hair color of the following family members as they were when they were a young adult:

Family Hair Color	Mother	Father	MGM	MGF	PGM	PGF
Hair Color:	Black	Black	Black	Dark Brown	Black	Black

Please select the skin tone of each of the following family members:

Family Skin Tone	Mother	Father	MGM	MGF	PGM	PGF
Skin Tone:	Light Brown	Light Brown	Light Brown	Light Brown	Light Brown	Dark Brown

Are you of Mediterranean ancestry?
"No"

Are you of Jewish ancestry?
"No"

Are you of African ancestry?
"No"

Are there any known genetic conditions in your family?
"No"

Do you have children?
"No"

Please provide the following information about your full siblings (enter n/a in a cell if you have

Siblings	Gender	Height	Weight	Body Type	Eye Color	Hair Color	Skin Tone
Sibling 1:	Female	5'2	unknown	straight	black	black	dark brown
Sibling 2:	Female	5'2	unknown	straight	black	black	dark brown
Sibling 3:	Female	5'1	unknown	round	black	black	light brown
Sibling 4:	Female	5'4	unknown	straight	black	black	light brown
Sibling 5:	Male	4'10	unknown	round	black	black	dark brown

How many children do you have?
"0"

Please provide the following information about your family members:

Family Member	Age (if living)	Age at Death	Cause of Death	Occupation	Education Level

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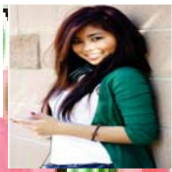


Donor Data sourced by the Donor Agency

Nick Name: 745

Mother:	49			Daycare Teacher	Bachelor's Degree
Father:	52			Merchant Marine	Bachelor's Degree
Maternal Grandmother:			Stroke		
Maternal Grandfather:			Heart Attack		
Paternal Grandmother:	83				
Paternal Grandfather:			Liver failure		
Sibling 1:	30			Sous Chef	Bachelor's Degree
Sibling 2:	28			Store Manager	Master's Degree
Sibling 3:	23			Pharmacist	Pharmacy Tech Certification
Sibling 4:	21			N/A	Bachelor's Degree
Sibling 5:	10				

How many full siblings are in your family? (include yourself)

"6"

Please add any other comments about your health or your immediate family's health history.

"My health is overall normal. My immediate family's health history is nothing short of norma

Why do you want to become an egg donor?

"I'm not planning on having a family, so I'd rather share this gift of life to someone who really wants it."

Is your husband / partner supportive of your desire to be a donor?

"Yes"

What is your personality like? Are you outgoing, shy, reserved, easy going?

"I'm a realist. I love to keep only a few people close, so I'm a little reserved. I also observe crowds and situations first before I interact. I love outdoor physical activities and being creative. I love good humor and making people around me laugh."

Donor Data sourced by the Donor Agency

Nick Name: 745

What are your plans for the future? Where do you see yourself in 5 and 10 years?

"My plan for the future is to finish college. In 5 years, I see myself helping poverty-inflicted countries & rebuilding communities that are less fortunate. In 10 years, I see myself as part of a world organization helping children & women."

What has been your most proud moment to date? What achievement are you most proud of?

"Honestly, I don't feel like I've achieved anything yet. Happiness comes with accomplishments, and I don't think I've felt that happiness yet."

What is your personal philosophy of life?

"Love yourself, and you will find happiness."

What do you like to do with your liesure time?

"I like to watch documentaries or dramas that involve crime, real-life situations, or shows involving psychology."

How active are you physically?

"I don't play sports. Although, I love to dance and practice self-defense."

What sports or activities do you participate in?

"I participate in dancing lyrical hiphop and self-defense."

Have you played on sports teams or excelled in athletics? Which ones?

"No. None."

What your your other skills or talents such as writing, acting, dancing, etc.

"I like to write essays. I can easily memorize dates (history exams) and picking up foreign language words. I love to sing and sometimes I play the guitar."

Name some of your interests. Reading, traveling, camping, sewing, etc.

"I love travelling. I also like to read articles or news about other countries. In my free time, I like to volunteer in daycare programs for kindergarten & preparatory kids. I love to cook/bake & trying out restaurants."

List any clubs, sport teams, organizations that you belong to:

"I don't currently belong to anything....between work and school not enough time"

List any honors or awards you have received.

"None recently"

What sort of volunteer work have you done?

"I volunteer in a daycare for kindergarten & preparatory kids."

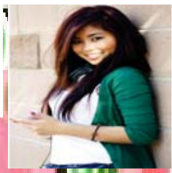
What is your favorite food?

"I don't think I have one. As a food lover, I like every kinds of food."

What is your favorite song?

"Got To Believe In Magic by David Pomeranz"

Who is your favorite star / celebrity?



Donor Data sourced by the Donor Agency
Nick Name: 745

"I don't have any favorites in the entertainment industry."

What is your favorite book?

"Angels & Demons by Dan Brown"

What is your favorite color?

"I love red!! I always look classic in red, that's why."

What is your favorite sport?

"None."

What was your favorite childhood activity?

"Back in the Philippines, I love to gather kids in our neighborhood and play outside the streets until dusk."

Who do you admire most and why?

"I admire my mom. She sticks to her principles and faith. She remains calm even during the hardest of times & remains faithful to God. She is always honest & remains humble. She's been through a lot & doesnt let anything ruin her character."

Do you have or did you have a pet? What type?

"I had a pet dog and a pet hamster."

Are you religio us or spiritual?

"I am very sp iritual but I do not practice any religion. I personally believe that a personal relationship with God is established through one's self, not through any religion."

Do you practice your religion?

"No."

What religion or spiritual ritual do you practice now?

"None."

What is one thing that is totally unique about you?

"No one is unique. One way or another, I'm sharing a trait with someone. I'm still struggling with uniqueness. I don't know how I am standing out of this crowd."

What would you like to say to any potential recipient?

"I hope you become richly blessed with this gift. My prayers are with you and your family."

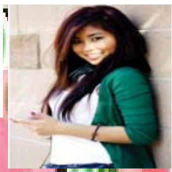
Describe yourself as a young child.

"I barely asked my dad for toys because I'd rather run, play hide & seek or tag outside. I was very much involved with my family & cousins throughout my 16 years before I moved to America. Family will always be my first love & first friends."

What was your favorite thing to do as a child?

"I love to go out, look for clay pots in the neighborhood, make a tiny house, and pretend to be a mom & cook with whatever I've gathered."

What was your favorite subject in school?



Donor Data sourced by the Donor Agency
Nick Name: 745

"My favorite subject in school was English."

What do you remember most about your mother when you were a child?

"I remember that I would always see her cooking in the kitchen. At 14, I asked her if I could cook, and when she liked it, I started cooking for the family."

What do you remember most about your father when you were a child?

"My father was away for months at a time because he works on a ship. I would just remember that he always gathers a crowd when he comes home and everyone's happy & singing & laughing. He is always the center of attention."

What was your favorite vacation as a child?

"We would sometimes go to this island called Romblon in the Philippines. So quiet and different from the city. I learned to love the life outside of the urban city because of that."

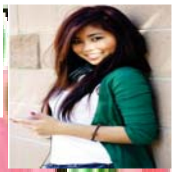
What problems did you have when you were a teenager? Social? Health? etc.

"I was a sick kid back then. I wasn't careful or mindful about my health but now that I'm older, I'm a lot conscious. Socially, I didn't like crowds or parties that much."

Carefully review the following list of medical problems (CONGENITAL ABNORMALITIES/BIRTH which ones you or one of your genetic relatives have or had. Please consider each condition c member. If you and none of your family members have a history of the specific medical conditi

Birth Defects	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Cleft Lip / Palate:	✓								
Congenital Hip Problems:	✓								
Club Feet:	✓								
Heart Defect:	✓								
Hearing Problems:	✓								
Spina Bifida - Neural Tube (open spine):	✓								
Microcephaly:	✓								
Holoprosencehpaly - a single-lobed brain structure and severe skull and facial defects:	✓								
Other:	✓								

Carefully review the following list of medical problems (CHROMOSOMAL ABNORMALITIES) an



Donor Data sourced by the Donor Agency
Nick Name: 745

or one of your genetic relatives have or had. Please consider each condition carefully for each f
none of your family members have a history of the specific medical condition, please check "N

Chromosomal	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Down Syndrome:	✓								
Other (i.e. Turner, Fragile X, Klinefelter's etc.):	✓								

carefully review the following list of medical problems (CANCER) and identify which ones you
relatives have or had. Please consider each condition carefully for each family member. If you
members have a history of the specific medical condition, please check "None".

Cancer	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Breast:	✓								
Colon or Intestinal:	✓								
Lung:	✓								
Ovarian or Uterine:	✓								
Prostate or Testicular:	✓								
Skin:	✓								
Stomach:	✓								
Thyroid:	✓								
Blood (e.g. leukemia):	✓								
Other:	✓								

Carefully review the following list of medical problems (HEART) and identify which ones you o
relatives have or had. Please consider each condition carefully for each family member. If you
members have a history of the specific medical condition, please check "None".

Heart	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Stroke:							✓		
Heart Attack:							✓		
Congenital Heart	✓								

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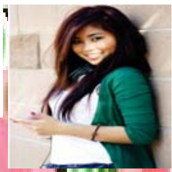


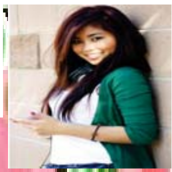
Donor Data sourced by the Donor Agency
Nick Name: 745

Disease:		
Heart Disease or Defect:	✓	
Hardening of the Arteries:	✓	
High Blood Pressure:	✓	
High Cholesterol Level:		✓

Carefully review the following list of medical problems (REPRODUCTIVE OUTCOMES) and identify which ones you or one of your genetic relatives have or had. Please consider each co family member. If you and none of your family members have a history of the specific medical check "None".

Reproductive Outcomes	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
2 or more Miscarriages:	✓								
Stillborn:	✓								
Premature Menopause:	✓								
Death of a newborn infant:	✓								
Childhood death:	✓								
Birth Defects:	✓								
Infertility:	✓								
Premature Birth:	✓								

Carefully review the following list of medical problems (GENITAL/REPRODUCTIVE) and identif of your genetic relatives have or had. Please consider each condition carefully for each family



Donor Data sourced by the Donor Agency
Nick Name: 745

of your family members have a history of the specific medical condition, please check "None".

Genitals / Reproductive	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Hermaphroditism / Ambiguous Genitals:	✓								
Hypospadias or Undescended Testicle(s):	✓								
Uterine Fibroids:	✓								
Ovarian Cysts or Ruptured:	✓								
Lumps or Cysts in Breast or Discharge:	✓								
Polycystic Ovarian Syndrome (PCOS):	✓								
Pelvic Inflammatory Disease (PID):	✓								
Endometriosis:	✓								

Carefully review the following list of medical problems (BLOOD) and identify which ones you o
relatives have or had. Please consider each condition carefully for each family member. If you
members have a history of the specific medical condition, please check "None".

Blood	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousir
Anemia:	✓								
Sickle-Cell Anemia:	✓								
Factor V Leiden Thrombphilia (blood clots or strokes):	✓								
Hemophilia or	✓								

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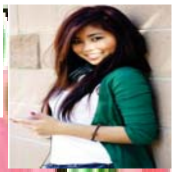

Donor Data sourced by the Donor Agency
Nick Name: 745

other Bleeding/Clotting Disorder such as Von Willebrand's Disease:	
Immune Deficiency:	✓
Leukemia:	✓
Lymphoma or Swollen Lymph Nodes:	✓
HIV:	✓
Thalassemia:	✓
Polyarteritis Nodosa:	✓
Other Blood Disorder:	✓

Carefully review the following list of medical problems (RESPIRATORY) and identify which one genetic relatives have or had. Please consider each condition carefully for each family membe family members have a history of the specific medical condition, please check "None".

Respiratory	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Asthma:									✓
Hay Fever:	✓								
Emphysema:	✓								
Tuberculosis:	✓								
Pneumonia:	✓								
Alpha-1 anyitrypsin Disorder:	✓								
Blood in Sputum:	✓								
Other Lung Disease:	✓								

Carefully review the following list of medical problems (GASTRO-INTESTINAL) and identify wh

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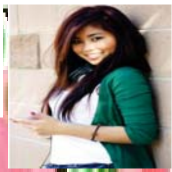

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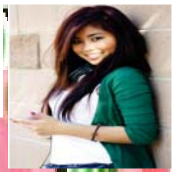
Nick Name: 745

your genetic relatives have or had. Please consider each condition carefully for each family me
your family members have a history of the specific medical condition, please check "None".

Gastro-Intestinal	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Appendicitis:	✓								
Ulcer of Stomach or Duodenum:	✓								
Gallstones:	✓								
Hepatitis A, B, or C:	✓								
Cirrhosis of the Liver:	✓								
Other Liver Disease:	✓								
Ulcerative Colitis:	✓								
Crohns Disease:	✓								
Pyloric Stenosis:	✓								
Multiple Polyps of the Colon:	✓								
Rectal Disorder:	✓								
Inflammatory Bowel Disease:	✓								
Any other problem of the digestive system:	✓								

Carefully review the following list of medical problems (METABOLIC/ENDOCRINE) and identify
of your genetic relatives have or had. Please consider each condition carefully for each family r
of your family members have a history of the specific medical condition, please check "None".

Metabolic/Endocrine	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin



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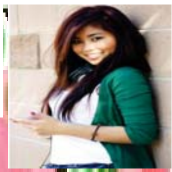
Diabetes requiring insulin therapy:	✓
Diabetes not requiring insulin therapy:	✓
Childhood Diabetes:	✓
Thyroid Disorder:	✓
Goiter:	✓
Hypoglycemia:	✓
Adrenal Dysfunction or Disorder:	✓
Phenyl Ketonuria (PKU) or inherited Metabolism Disorder:	✓
Obesity:	✓
Dwarfism:	✓

Carefully review the following list of medical problems (URINARY) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Urinary	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Kidney Problems:	✓								
Polycystic Kidney Disease:	✓								
Other disease/defect of urinary tract (urethra, bladder, ureter):	✓								

Carefully review the following list of medical problems (NEUROLOGICAL) and identify which ones you or one of your genetic relatives have or had. Please consider each



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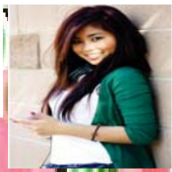
condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Neurological	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Migraines:	✓								
Mental Retardation:	✓								
Senility or Mental Deterioration before age 50:	✓								
Multiple Sclerosis:	✓								
Cerebral Palsy:	✓								
Neurofibromatosis:	✓								
Epilepsy / Seizures:	✓								
Attention Deficit Disorder / Hyperactivity:	✓								
Autism / Asperger's:	✓								
Alzheimer's Disease / Dementia:	✓								
Hydrocephalus:	✓								
Tuberous Sclerosis:	✓								
Parkinson's Disease:	✓								
Creutzfeldt-Jakob Disease:	✓								
Scoliosis:	✓								
Myasthenia Gravis:	✓								
Huntington's or Wilson's Disease:	✓								
Tourettes's	✓								



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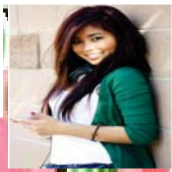
Syndrome:	
Other diseases of the nervous system:	✓

Carefully review the following list of medical problems (MENTAL HEALTH) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Mental Health	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Anxiety / Panic Attacks:	✓								
Anorexia / Bulemia / Other eating disorders:	✓								
Depression:	✓								
Schizophrenia:	✓								
Manic Depressive or Bipolar Disorder:	✓								
Other mental health disorder requiring hospitalization:	✓								
Suicide Attempts:	✓								
Other mental health problems that warrented counseling:	✓								

Carefully review the following list of medical problems (MUSCLE/BONE/JOINTS) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Muscle/Bone/Joints	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Muscular Dystrophy:	✓								



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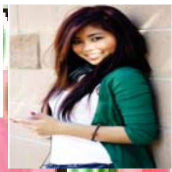
Achondroplasia- form of dwarfism with abnormal bone growth:	✓	
Other Chronic Muscle Disease:	✓	
Osteogenesis imperfecta (brittle bone disease):	✓	
Loss of Muscle Coordination:	✓	
Osteoporosis:	✓	
Marfan Syndrome:	✓	
Arthritis:		✓
Rheumatoid or Juvenile Arthritis:	✓	
Spinal Muscular Atrophy:	✓	
Hereditary Low Back Disorder or Deformity of Spine:	✓	
Reiter's Disease:	✓	
Myasthenia Gravis:	✓	
Gout:	✓	
Metabolic Bone Disease:	✓	
Lupus (systemic lupus erythematosis - SLE):	✓	

carefully review the following list of medical problems (SIGHT/SOUND/SMELL) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".



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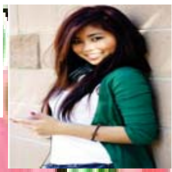
Sight/Sound/Smell	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Amusia (medical tone deafness):	✓								
Deafness before age 60:	✓								
Deformity of the ear:	✓								
Cataracts before age 50:	✓								
Blindness:	✓								
Color Blindness:	✓								
Sever Myopia:	✓								
Glaucoma:	✓								
Retinoblastoma:	✓								
Retinitis Pigmentosa:	✓								
Deviated Septum:	✓								
Another other Sensory Disorder:	✓								

Carefully review the following list of medical problems (SKIN) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Skin	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Acne:		✓		✓		✓		✓	
Albinism:	✓								
Eczema:									✓
Excessive Facial Hair (Hirsutism):	✓								
Pigmentation Disorders:	✓								
Psoriasis:	✓								



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Neurofibromatosis:	✓
Other disorders of the skin:	✓
Infectous Skin Disease:	✓
More than 5 purple or coffee colored spots on skin (size of quarter or larger):	✓

Carefully review the following list of medical problems (OTHER) and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. If you and none of your family members have a history of the specific medical condition, please check "None".

Other	None	Self	Children	Mother	Father	Sibling	Grandparents	Aunt/Uncle	Cousin
Alcoholism:								✓	
Drug Abuse, Misuse or Addition:	✓								
Premature degeneration of any organ system:	✓								
Anorexia:	✓								
Bulemia:	✓								
Other Eating Disorder:	✓								
Any other condition not mentioned in any other question:	✓								

Have you ever had a blood transfusion?
"No"

Have you ever had gonorrhea?
"No"

Have you ever had Human Papilloma Virus (HPV)?

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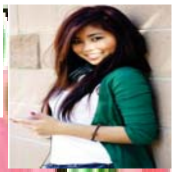

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"No."

Have you had chlamydia within the past 12 months?

"No"

Do you have herpes?

"No"

Have you ever had Trichomoniasis?

"No"

Have you ever had Syphilis?

"No"

Have you ever been exposed to radiation or toxic chemicals, besides routine dental procedures or broken bones?

"No"

Have you ever been diagnosed with Severe Adult Acne?

"No"

Have you ever been diagnosed with Sever Dysmenorrhea (painful cramps)?

"No"

Have you ever been diagnosed with Ovarian Cysts?

"No"

Have you ever been diagnosed with Chronic Pelvic Pain?

"No"

Have you ever been diagnosed with Polycystic Ovarian Disease?

"No"

Have you ever been diagnosed with Thyroid Disease?

"No"

Do you have allergies?

"No"

Do you take daily medications?

"No"

Do you take daily vitamins?

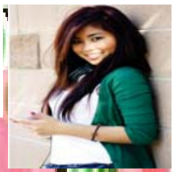
"Yes"

Do you take any herbal supplements?

"Yes"

Have you ever had any major medical problems?

"No"



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How would you describe your overall health, both mentally and physically?
"I would be lying if I said I am mentally fine, but I just like to overthink. And sometimes when I overthink, I'm a little bit impulsive. But overall I'm fine :)"

How old were you when you had your first period?
"12"

Are your cycles regular when not on the pill?
"Yes"

How many days are there from the beginning of one period to the beginning of the next period?
"29"

How many pregnancies have you had?
"0"

How many miscarriages have you had?
"0"

Has anyone in your immediate family (grandparents, parents, self, siblings) had multiple births?
"No"

What method of birth control do you use?
"None"

Do you drink?
"No"

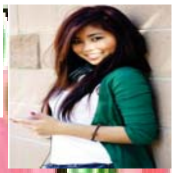
How many drinks do you usually consume in a week?
"0"

Do you smoke or use tobacco products?
"No"

When is the last time you had marijuana?
"Never"

When is the last time you have used recreational or illicit drugs (cocaine, LSD, heroin, barbiturates, narcotics, opiates, amphetamines, hallucinogens, tranquilizers, PCP, steroids for non-medical reasons, or etc.)?
"Never"

Do you have any tattoos?
"No"



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Do you have any body piercings?

"No"