HELSE BERGEN
Haukeland Universitetssjukehus

QUESTIONNAIRE FOR

Assisted reproductive treatment Self-declaration

In order to process your application for assisted reproductive treatment, we need information about your health, finances, living conditions and close relationships. Please complete this form and return it to us. For privacy reasons, there are separate pages for women and men. If you have received assisted reproductive treatment at other fertility clinics, you must also contact these clinics and get a printed copy of your medical record from them.

Female	
Personal data	
Name:	National identity number:
Phone number:	Language: ☐ Norwegian ☐ English
Name of partner:	Partner's national identity number (11 digits):
Address:	
Are you employed?	☐ Yes ☐ No
Employer: Trade/Professional title (position):	Full-time equivalent (FTE) percentage:
Marital status: ☐ Married ☐ Co-habitant partner >2 years (Common registered address for 2 years or other documentation)	

Health information about you

Height (cm):	Weight (kg):	BMI:	If smoking, No. cig./day: If alcohol, No. units/week:	If "snus", No. boxes/week:
Do you use any medication? *This also applies to contraceptives, non-prescription medicine, alternative medicine and natural medicine.* *If YES, please specify which drugs you are taking, dosage, and why you are using them:*				
Do you have any known allergies, or have you had any allergic reactions?				
Are you diagnosed with any diseases/had any surgeries?				
Have you been vaccinated against, or had rubella/measles? ☐ Yes ☐ No ☐ Unsure *Multidrug-resistant bacteria (MRSA). For more information about MRSA go to [www.fhi.no.](http://www.fhi.no)*				
Have you received treatment at a hospital or received dental treatment outside Norway in the last 12 months? ☐ Yes ☐ No ☐ Unsure				

Gynecological history

Menarche (age):	Menstrual cycle: ☐ Regular ☐ Irregular Number of days per cycle (average): Ovulation: ☐ Yes ☐ No, decided with:	Last menstruation (date):

Have you been examined by a gynecologist due to involuntary infertility?	☐ Yes ☐ No
If YES, have any of these examinations been performed? ☐ Laparoscopy/keyhole surgery ☐ Hysterosonography (Saline Infusion Sonograhpy)/extended ultrasound ☐ X-ray examination ☐ MRI scan ☐ Other: If the examination(s) has not been carried out in Helse Bergen, you must obtain a description and submit it.	
Have you ever been treated for a pelvic inflammatory disease (PID) or appendicitis?	☐ Yes ☐ No
Do you have recurrent urinary tract infections?	☐ Yes ☐ No
Have you been diagnosed with endometriosis?	☐ Yes ☐ No
Have you ever been diagnosed with sexual transmitted diseases (STDs), e.g. chlamydia?	☐ Yes ☐ No
Have you had a Pap smear in the last 5 years?	☐ Yes ☐ No
If YES, year and result:	

Reproductive history

Have had a desire to have children since (year):			Do you have regular intercourse: ☐ Yes ☐ No		
Earlier pregnancies with your current partner	Child (year)	Mode of delivery	Miscarriage (year)	Termination (year)	Extrauterine pregnancy (year)
		☐ Vaginal birth ☐ Caesarean section			
Do you have daily custody for other children together with your current partner? ☐ Yes ☐ No					

Earlier pregnancies with another partner	Child (year)	Mode of delivery	Miscarriage (year)	Termination (year)	Extrauterine pregnancy (year)
		☐ Vaginal birth ☐ Caesarean section			
Do you have joint custody for other children with another partner? ☐ Yes ☐ No					
Have you been through any infertility treatment? ☐ Yes ☐ No					
If YES, year and number of treatments this year:					
Last fresh embryo transfer (month/year of egg retrieval): Name of clinic and results:			Last frozen embryo transfer (FET) (month/year of egg insertion): Name of clinic and results:		
Other:					

NB! If you have been treated for involuntary childlessness at other fertility clinics, please contact these clinics and get a printout of the medical record from them.

The treatment involves self-administration of medication and telephone consultations, over time, which presupposes a good understanding of the language without an interpreter. Are you able to communicate well in Norwegian or English?
☐ Yes ☐ No

According to § 2-6 of the Biotechnology Act, everyone who applies for reproductive treatment must provide a childcare certificate (police certificate). The application will be rejected if this certificate is not provided.

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Partner	
Personal data	
Name:	National identity number:
Phone number:	Language: ☐ Norwegian ☐ English
Name of partner:	Partner's national identity number (11 digits):
Address:	
Are you employed?	☐ Yes ☐ No
Employer: Trade/Professional title (position):	Full-time equivalent (FTE) percentage:
Marital status: ☐ Married ☐ Co-habitant partner >2 years (Common registered address for 2 years or other documentation)	

Health information about you

Height (cm):	Weight (kg):	BMI:	If smoking, No. cig./day: If alcohol, No. units/week:	If "snus", No. boxes/week:
Do you use any medication? *This also applies to contraceptives, non-prescription medicine, alternative medicine and natural medicine. If YES, please specify which drugs you are taking, dosage, and why you are using them:*				
Do you have any known allergies, or have you had any allergic reactions?				
Are you diagnosed with any diseases/had any surgeries?				
Have you been vaccinated against, or had rubella/measles? *Multidrug-resistant bacteria (MRSA). For more information about MRSA go to www.fhi.no.*			☐ Yes ☐ No ☐ Unsure	
Have you received treatment at a hospital or received dental treatment outside Norway in the last 12 months?			☐ Yes ☐ No ☐ Unsure	

Previous and present illnesses

Do you have or have you had (if YES, please describe):
☐ Genital injury
☐ Testicular retention
☐ Mumps in adulthood
☐ Genital infections
☐ Use of steroids

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Reproductive history

Have you gotten any of your previous partners pregnant?		☐ Yes	☐ No
Do you have children from previous relationships?		☐ Yes	☐ No
Child (Year):	Do you have custody for the child? Is the child adopted?	☐ Yes ☐ Yes	☐ No ☐ No
Child (Year):	Do you have custody for the child? Is the child adopted?	☐ Yes ☐ Yes	☐ No ☐ No

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☐ Yes ☐ No

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