



SURROGATE QUESTIONNAIRE

Please answer all applicable questions. If it does not apply to you please put N/A. No identifying information will be sent to prospective IP's.

Personal Information

Name:

Date of Birth:

Age:

What is your height?

What is your weight?

What is your ethnic background?

Do you currently have a reliable vehicle that you drive?

Person to contact in case of an emergency and their relationship to you:

Are you currently employed and what type of work is it?

Do you currently have health insurance?

If yes, please give the following information:

Company:

Monthly premium:

Yearly deductible:

Percentage level insurance will pay once yearly deductible is met:

Do you currently receive any type of public assistance?

If yes, what kind?

Have you ever been arrested for any crime?

If so, when and what was the charge?

Have you ever been convicted of any crime?

If so, when and what was the charge?

Are you married?

If so, what date did you marry? If you are not married, what is the status of your relationship

Spouse:

Are you currently employed?

How long have you been together?

Has your spouse/partner ever been arrested for, or convicted of, any crime?
If so, when?

What was the crime?

What was the outcome?

How long have you been together?

If you are not married, what is the status of your relationship?

Education:

High School:	Completed ()	Didn't Complete ()	GED ()
Attending College:	Major:		
Attending Trade School:	Major:		
College Degree:	Major:		
Postgraduate Degree:	Major:		
Trade School:	Trade:		

Talents and Abilities:

Athletic:	Fair ()	Good ()	Excellent ()	Explain
Music:	Fair ()	Good ()	Excellent ()	Explain
Singing:	Fair ()	Good ()	Excellent ()	Explain
Artistic:	Fair ()	Good ()	Excellent ()	Explain
Writing:	Fair ()	Good ()	Excellent ()	Explain
Organized:	Fair ()	Good ()	Excellent ()	Explain

Please list any talents, clubs, hobbies, special skills or activities you enjoy:

What motivated you to become a surrogate?

Please describe your personality:

Do you have any worries or concerns about being a surrogate?

If so what?

Do you have a support system in place?

How can IP's be assured you will not keep the child(ren) upon the birth?

Do you have any hopes/dreams/wishes for your surrogacy journey?

How will surrogacy affect your life/family/friends?

If you have been a Surrogate previously, are you able to provide a reference from your previous Intended Parents?

If no, why?

Would there be any problem for us to contact your previous Intended Parents?

If you have been a Surrogate previously but did not deliver a live child, please explain the reason why your previous match ended and the outcomes of any transfers or inseminations:

What religion do you currently practice?
Do you have pets and what type?
Do you exercise?
If so, what do you do and how often.

Please give an example of what type of daily diet you follow (i.e., red meat, pork, chicken, fish, vegetarian, dairy, eat a lot of fast foods or take out, etc):

Have you ever had an eating disorder, either diagnosed or otherwise:

What type of music do you like?
What is your favorite color?
Please list your achievements and future goals:

Please describe your children's personality:

- 1)
- 2)
- 3)
- 4)

Do you expect your partner to fully support you? How?

Please describe what your relationship with your spouse/partner is like:

How would you describe your spouse/partner to others?

Do you expect your family and coworkers to support you?
How?

What is the earliest date you can begin your surrogacy journey?

Please describe how much contact you would like during the matching process (daily, weekly, etc):

How much contact would you like during the pregnancy?

How much contact would you like after the birth?

What is your ideal relationship with the intended parents after the birth?

How would you like the intended parents to describe you to people that are important in their lives and the surrogate child if he/she asks?

Would you allow the child to contact you in the future?
How would you respond?

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Are you willing to travel out of state for embryo transfers and IVF clinic appointments?

Are you willing to travel out of the country for embryo transfers?
Are you willing to travel and stay in another state for the delivery?

Surrogate Pregnancy Information:

What is the maximum number of babies you would feel comfortable carrying?
Are you willing to undergo selective reduction in the event you become pregnant with more than you are willing to carry?
If no, why?

Are you willing to undergo selective reduction if the intended parents request it?
If no, why?

If the baby you carry as a surrogate has a life threatening illness and doctors recommend an abortion, would you consent?
If no, why?

If the baby you carry as a surrogate has a genetic illness and the intended parents request an abortion, would you consent?
If no, why?

If the intended parents requested an amniocentesis be done, would you consent?
If no, Why?

If you were put on bed rest at the recommendation of your OBGYN/midwife, would this be a problem?

If the Intended parents would like to be present during the embryo transfer, is this fine with you?
If not why?

Would you like your intended parents to be present at every OB appointment or just at the important ones?

The Intended parents would like to be present at the birth of their child, is this fine with you?
If not why?

Would you be willing to pump breast milk if the Intended parents request it for their child and cover expenses related to pumping?

Reproductive History:

How many children do you have?
Please list their ages and Date of birth:

- 1)
- 2)
- 3)
- 4)

If an experienced surrogate, please list the date of the birth of your surrogate birth:

Were any of your children born before 36 weeks?

If so, please explain:

Did you have any trouble conceiving your children?

Have you had any miscarriages?

If yes, at what gestational age:

Have you had any abortions?

If yes, at what gestational age:

Have you given any children up for adoption?

If yes, when:

Do you have any children that have passed away after the point of viability in a pregnancy (ie: still born, SIDS, complications after delivery, etc)?

Do you have access to prenatal and delivery records for previous pregnancies?

If not, please explain why:

Have you undergone any fertility treatments of your own in order to become pregnant?

If so, please explain:

How many of your births were vaginal deliveries?

How many c-sections?

Do you intend your next birth to be a vaginal or c-section birth?

Did you have any complications during pregnancy or delivery?

If so, what kind?

Did you breastfeed your own children?

Are you currently breastfeeding?

If yes, when do you intended to stop?

Do you plan to have any more children in the future?

What type of birth control do you currently use?

How long have you been on birth control?

Do you currently have a normal cycle each month?

How many days are between the start of each cycle?

How many days is your flow?

Is your partner/spouse aware of their responsibilities (STD testing, abstinence, etc.)?

Have you ever had an abnormal pap smear?

If so, what was the result and treatment?

Has you or your spouse/partner ever been treated for or diagnosed with any sexually transmitted disease?

Please check if you have ever had, or have currently, any of the following and if yes, please state when and treatment:

- Herpes
- Gonorrhea
- HIV
- Syphilis
- Hepatitis B
- Hepatitis C
- Genital warts or sores

Surrogate General Health:

Please check any of the following you have ever had, or currently have (please explain in the lines provided below, diagnosis, treatment, medication, end date):

- Neck or back problems
- Asthma

- Cancer
- TB or exposure to TB

- Heart problems or irregular heartbeat
- Head injury or headaches

- High or low blood pressure
- Thyroid problems

- Seizures
- Diabetes (gestational or other)

- High Cholesterol
- Anemia

- Group B strep
- PID

- Ovarian Cysts or uterine fibroids
- Any eating disorder

- Any psychiatric problem
- Ever attempted to commit suicide

- Drug or alcohol problems
- Postpartum depression

If you checked yes to any of the above, please explain diagnosis, treatment, medication, end date:

List any health condition you have received treatment for if not listed above. Please list the medical issue, date and treatment received:

Are you currently taking any type of medication?
If so, what kind?
What is it prescribed for?

What prescription medication have you taken in the last 24 months?
If so, what medication?
What was it prescribed for?

If you have stopped use of any medication in the last 24 months when did you do so?
Did you stop use under a doctor's order?

Have you ever been prescribed any medication during pregnancy other than prenatal vitamins?
If yes, what was the medication and what is prescribed for?
How long did you take the medication?

Have you ever been hospitalized?
If so, what and when was the reason?

Are you taking any vitamins or supplements?
If yes list?

Do you smoke?
If so, how many per day?

Have you ever been a smoker?
If so, when did you stop?

Does anyone in your house smoke?
If so, who?
Do they smoke inside the residence?

Do you drink?
If so, how often?

Have you gotten a tattoo or body piercing in the last 6 months?
If so, what was the date?
If documentation is required will you be able to provide it?

Do you believe you in heart that you can follow through as a surrogate and why?

Please write a short note to the intended parents. What you say here is your choice.
If you run out of room please use additional paper.

I/We certify that the above information is true to the best of my/our knowledge. I consent to allow Surrogacy Dreams to perform a background check on me/us as needed.

Surrogate Signature:

Date:

Spouse Signature:

Date: