

Personal Fertility Profile
www.maleinfertilityguide.com

Directions for completing this form: The Personal Fertility Profile is part of the self-directed Sperm Boot Camp and helps to identify lifestyle-related male fertility risk factors. Please complete this form and print it out (and/or save it to your computer). For any areas in which you circled “Yes”, the corresponding section in the Sperm Boot Camp website section is listed to the right, and these sections review strategies for helping to effectively manage these pertinent risk factors.

There are two sections in the Sperm Boot Camp that are not covered in the Personal Fertility Profile. All men should review the “Antioxidants” section of the website, and couples who are trying to conceive naturally should also consider reviewing the “Optimizing Natural Intercourse” section as well.

[Note: If you are working with a medical care provider on your male fertility issues, please fill in your name, date of birth, and date of completion of the form. Please then bring a copy of the completed form with you to your next office visit with your male fertility specialist.]

Name: _____ **Date of Birth:** __/__/__. **Today’s Date:** __/__/__

| Health and Diet | Yes or No (please circle) | If Yes, See This Boot Camp Section |
|---|----------------------------------|---|
| Do you eat less than 5-6 servings of fresh fruits and/or vegetables daily? | Yes / No | Healthy Diet and Exercise |
| Do you regularly eat saturated fats (e.g. burgers, fries, milk, cheese) and refined/simple carbohydrates? | Yes / No | Healthy Diet and Exercise |
| Do you eat soy products on a regular basis (e.g. soy milk, tofu, edamame, soy-based protein supplements)? | Yes / No | Healthy Diet and Exercise |
| Do you exercise less than 30 minutes per day at least 3 to 4 times per week? | Yes / No | Healthy Diet and Exercise |
| Do you ride a bike more than 50 miles per week? | Yes / No | Healthy Diet and Exercise |
| Overweight (body mass index >25)*? | Yes / No | Overweight and Underweight |
| Underweight (body mass index <20)*? | Yes / No | Overweight and Underweight |
| Age 45 or older? | Yes / No | Older Dads and Fertility |

* Online calculators for BMI are available, or use this formula: $\frac{(\text{Weight in pounds} \times 703)^2}{(\text{Height in inches})^2}$

| Lifestyle Risk Factors | Yes or No (please circle) | If Yes, See This Boot Camp Section |
|--|----------------------------------|---|
| Do you currently smoke cigarettes (or cigars)? | Yes / No | Lifestyle Choices and Sperm Toxins |
| Do you currently use smokeless tobacco? | Yes / No | Lifestyle Choices and Sperm Toxins |
| Do you currently use illicit drugs (marijuana, cocaine, etc.)? | Yes / No | Lifestyle Choices and Sperm Toxins |
| Do you currently drink more than 4 alcoholic drinks per week? | Yes / No | Lifestyle Choices and Sperm Toxins |
| Do you regularly drink caffeinated coffee, tea, cola, or energy drinks? | Yes / No | Lifestyle Choices and Sperm Toxins |
| Do you carry a cell phone in your front pants pocket? | Yes / No | Lifestyle Choices and Sperm Toxins |
| Have you used a hot tub or sauna within the last 6 months? | Yes / No | Lifestyle Choices and Sperm Toxins |
| Have you used a laptop computer directly on your lap within the last 6 months? | Yes / No | Lifestyle Choices and Sperm Toxins |
| Do you take hot showers and/or baths? | Yes / No | Lifestyle Choices and Sperm Toxins |
| Do you use a seat warmer in your car? | Yes / No | Lifestyle Choices and Sperm Toxins |
| Do you wear tight underpants? | Yes / No | Lifestyle Choices and Sperm Toxins |
| Do you use lubricants during intercourse? | Yes / No | Lubricants and Fertility |

| Job-Related Risk Factors | Yes or No (please circle) | If Yes, See This Boot Camp Section |
|--|----------------------------------|---|
| Do you sit for prolonged periods of time during work? | Yes / No | Excessive Heat |
| Does your job involve significant heat exposure? | Yes / No | Excessive Heat |
| Do you feel like you are under a significant amount of stress at home and/or work? | Yes / No | Stress and Job-Related Factors |
| Do you have significant exposure to toxins and/or chemicals? | Yes / No | Stress and Job-Related Factors |
| Do you have exposure to significant amounts of air pollution on a regular basis? | Yes / No | Stress and Job-Related Factors |