Semen Analysis Questionnaire

To evaluate your semen sample accurately please answer the questions below as accurately as possible.

Please print clearly

Last Name: First Name:

Date of Birth:

Date of Specimen Collection: Time of collection:

Type of container used:

 Glass Plastic Other:

Where was the specimen collected?

 At hospital At home

If the sample was collected at home, was it kept warm?

 Yes No

Number of days since last ejaculation:

How was the specimen collected?

 Masturbation Other method

Was the entire sample collected into the container?

 Yes No

If no please explain: