



# Fertility Law

## **SURROGACY QUESTIONNAIRE (SURROGATE PARENT/S)**

### **1. Documents required:**

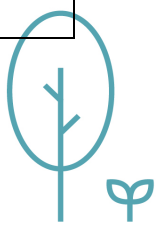
- 1.1.  Identity Book of all the parties
- 1.2.  Proof of Address of all the parties
- 1.3.  Birth Certificates of the children born to the surrogate
- 1.4.  Marriage certificate of all parties
- 1.5.  Surrogate Mother salary slip
- 1.6.  Surrogate husband/partner salary slip

**\*NOTE** – You will be required to provide your fingerprints for a criminal database search, to see if you have been convicted of a criminal offence within South Africa. We will also obtain medical reports from your treating doctor, together with a psychologist's report of both you and your partner, if you have one.

### **2. Surrogate Mother's Details**

<b>Surrogate Mother</b>	
First Name:	
Surname:	
Identity Number:	
Residential Address:	
Contact No.:	
Email Address:	
Work/Job Title:	
Employer's Details:	

- 2.1. Racial group:
  - 2.1.1.  White
  - 2.1.2.  Black
  - 2.1.3.  Coloured
  - 2.1.4.  Indian
  - 2.1.5.  Oriental
  - 2.1.6.  Other: \_\_\_\_\_;
- 2.2. Do you have a preference as to whom you don't want to be a surrogate for?



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### 3. Marital Status:

3.1. Marital status is:

3.1.1.  Unmarried

3.1.1.1. Are you currently in a monogamous relationship?  Yes |  No

3.1.1.2. How many sexual partners have you had in the past 6 months? \_\_\_\_\_ [number]

3.1.2.  Married

3.1.2.1. We were married on: \_\_\_\_\_ [date]

3.1.2.2. We have been married for: \_\_\_\_\_ [years]

3.1.3.  Civil Union/ De Facto Marriage / Life Partnership

3.1.3.1. We have been together for: \_\_\_\_\_ [years].

3.2. Partner's details are:

Surrogate Husband/ Partner / Life Partner	
First Name:	
Surname:	
Identity Number:	
Residential Address:	
Contact No.:	
Email Address:	
Work/Job Title:	
Employer's Details:	

3.3. My husband/ partner is fully supportive of my decision to be a surrogate:

3.3.1.  Yes

3.3.2.  No

### 4. Domicile:

4.1. I/We are South African citizens:

4.1.1.  Yes

4.1.2.  No, our nationality is:

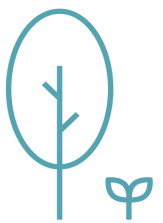
4.1.2.1. Commissioning Partner 1: \_\_\_\_\_

4.1.2.2. Commissioning Partner 1: \_\_\_\_\_

4.2. I/We currently reside in South Africa:

4.2.1.  Yes

4.2.2.  No, we live in: \_\_\_\_\_





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## 5. Employment:

5.1. Are you currently working:

5.1.1.  No;

5.1.2.  Yes:

5.1.2.1. What is your job title: \_\_\_\_\_;

5.1.2.2. How long have you worked for your current employer: \_\_\_\_\_;

5.1.2.3. What is your gross monthly income: \_\_\_\_\_;

5.1.2.4. Do you earn any additional income (commission): \_\_\_\_\_ - \_\_\_\_\_;

5.2. Is your partner/spouse currently working:

5.2.1.  No;

5.2.2.  Yes:

5.2.2.1. What is their job title: \_\_\_\_\_;

5.2.2.2. How long have they worked for their current employer: \_\_\_\_\_;

5.2.2.3. What is their gross monthly income: \_\_\_\_\_;

5.2.2.4. Do they earn any additional income (commission): \_\_\_\_\_;

## 6. Children and Reproductive History:

6.1. I/We have children:

6.1.1.  No;

6.1.2.  Yes, their details are:

6.1.2.1. Child 1:

6.1.2.1.1. Name: \_\_\_\_\_;

6.1.2.1.2. Date of Birth: \_\_\_\_\_;

6.1.2.1.3. Delivery Date: \_\_\_\_\_;

6.1.2.1.4. Birth Weight: \_\_\_\_\_;

6.1.2.1.5. Length of pregnancy: \_\_\_\_\_;

6.1.2.1.6. Single/ Multiple: \_\_\_\_\_;

6.1.2.1.7. Vaginal/ C-Section: \_\_\_\_\_;

6.1.2.1.8. Pregnancy: \_\_\_\_\_;

6.1.2.1.9. Any complications: \_\_\_\_\_;

6.1.2.2. Child 2:

6.1.2.2.1. Name: \_\_\_\_\_;

6.1.2.2.2. Date of Birth: \_\_\_\_\_;

6.1.2.2.3. Delivery Date: \_\_\_\_\_;

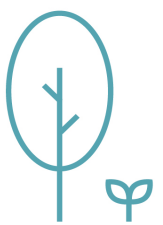
6.1.2.2.4. Birth Weight: \_\_\_\_\_;

6.1.2.2.5. Length of pregnancy: \_\_\_\_\_;

6.1.2.2.6. Single/ Multiple: \_\_\_\_\_;

6.1.2.2.7. Vaginal/ C-Section: \_\_\_\_\_;

6.1.2.3. Child 3:





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- 6.1.2.3.1. Name: \_\_\_\_\_;
- 6.1.2.3.2. Date of Birth: \_\_\_\_\_;
- 6.1.2.3.3. Delivery Date: \_\_\_\_\_;
- 6.1.2.3.4. Birth Weight: \_\_\_\_\_;
- 6.1.2.3.5. Length of pregnancy: \_\_\_\_\_;
- 6.1.2.3.6. Single/ Multiple: \_\_\_\_\_;
- 6.1.2.3.7. Vaginal/ C-Section: \_\_\_\_\_;

## 7. Previous Surrogacy's:

7.1. I have been a surrogate before:

- 7.1.1.  No;
- 7.1.2.  Yes, I have been a surrogate before. I gave birth on \_\_\_\_\_ [date].

## 8. Preferred Method of Delivery:

- 8.1.  Natural;
- 8.2.  Caesarean Section (C-Section);
- 8.3.  Either, the attending doctor and Commissioning Parents can decide.

## 9. Abortion:

9.1. My feelings on abortion are:

- 9.1.1.  No, I will never have an abortion;
- 9.1.2.  Yes, I will have an abortion should the Commissioning Parents and attending doctor think that the situation/ pregnancy requires it and it is in terms of the Choice of Termination of Pregnancy Act.

## 10. Number of Treatment Cycles and Embryo Transfers:

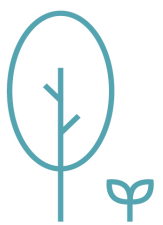
10.1. I am willing to undergo the following number of treatment cycles until we are successful:

- 10.1.1.  one;
- 10.1.2.  two;
- 10.1.3.  three;
- 10.1.4.  as many as it takes to achieve a successful pregnancy within the eighteen (18) month time limit.

10.2. I am willing to have the following number of embryos transferred per cycle:

- 10.2.1.  one;
- 10.2.2.  two, and I accept the risk of a multiple pregnancy;
- 10.2.3.  three, and I accept the risk of a multiple pregnancy.

\*Note – there is always a risk of a multiple pregnancy even with one (1) embryo being transferred.





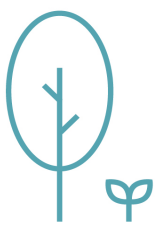
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## 11. Religion and religious preferences:

- 11.1. What is your current religious affiliation? \_\_\_\_\_ (specify what);
- 11.2. Do you have any religious preference for the commissioning parents?
- 11.2.1.  No;
- 11.2.2.  Yes: \_\_\_\_\_ (specify what).

## 12. Lifestyle:

- 12.1. What is your current weight? \_\_\_\_\_ [kg's];
- 12.2. What is your current height? \_\_\_\_\_ [cm's];
- 12.3. Do you smoke?
- 12.3.1.  No;
- 12.3.2.  Yes:
- 12.3.2.1. How many cigarettes per day do you smoke: \_\_\_\_\_ [number];
- 12.3.2.2. How long have you been smoking for? \_\_\_\_\_ [months, years];
- 12.3.2.3. Are you able and willing to stop immediately and submit for testing if necessary?
- 12.3.2.3.1.  Yes;
- 12.3.2.3.2.  No.
- 12.4. Does your current partner smoke?
- 12.4.1.  No;
- 12.4.2.  Yes:
- 12.4.2.1. How often are you exposed to cigarette smoke: \_\_\_\_\_ [hours per day].
- 12.5. Do you drink alcohol?
- 12.5.1.  No;
- 12.5.2.  Yes, how many units (1 glass = 1 unit) per day do you drink: \_\_\_\_\_ [number];
- 12.5.3. Are you able and willing to stop immediately and submit for testing if necessary?
- 12.5.3.1.  Yes;
- 12.5.3.2.  No.
- 12.6. Does your current partner drink?
- 12.6.1.  No;
- 12.6.2.  Yes, how many units (1 glass = 1 unit) per day does your partner drink per day: \_\_\_\_\_ [number].
- 12.7. Have you ever been advised to limit your use of alcohol or any drugs? If yes (limit alcohol or drugs), please explain:
- 12.7.1.  No;
- 12.7.2.  Yes: please explain: \_\_\_\_\_;





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12.8. Have you ever had any problems with alcoholism or drug abuse?

12.8.1.  No;

12.8.2.  Yes: please explain: \_\_\_\_\_;

12.9. Do you follow any specific diet or have any special dietary habits?

12.9.1.  No;

12.9.2.  Yes: \_\_\_\_\_ (specify what).

12.10. Do you exercise?

12.10.1.  No;

12.10.2.  Yes: \_\_\_\_\_ (specify what and how often).

12.11. How often are you exposed to strong, prolonged heat sources such as saunas, hot tubs, steam rooms?

12.11.1. Days per week: \_\_\_\_\_;

12.11.2. Length of time per session: \_\_\_\_\_.

### 13. Criminal Record:

13.1.  I/We have NOI been convicted of a criminal offence;

13.2.  I/We HAVE been convicted of a criminal offence. Details of offence:

Date:	
Description:	
Date:	
Description:	

### 14. Medical Information:

14.1. Blood type: \_\_\_\_\_.

14.2. Are you currently on any contraceptives?

14.2.1.  No;

14.2.2.  Yes: \_\_\_\_\_ (specify what).

14.3. Do you currently have any allergies?

14.3.1.  No;

14.3.2.  Yes: \_\_\_\_\_ (specify what).

14.4. Do you use prescription drugs?

14.4.1.  No;





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14.4.2.  Yes: \_\_\_\_\_ (specify what).

14.5. Do you use non-prescription drugs?

14.5.1.  No;

14.5.2.  Yes: \_\_\_\_\_ (specify what).

14.6. Do you use any recreational drugs (Marijuana, cocaine, ecstasy, Valium, etc.)?

14.6.1.  No;

14.6.2.  Yes: \_\_\_\_\_ (specify what).

14.7. In the past 5 years, have you had sexual contact with anyone in high-risk groups for HIV/ AIDS? These include intravenous drug users, recipients of blood products, transfusions, and sexually active persons with multiple partners?

14.7.1.  No;

14.7.2.  Yes: \_\_\_\_\_ (specify what).

14.8. Are you at risk for HIV/AIDS?

14.8.1.  No;

14.8.2.  Yes: \_\_\_\_\_ (specify what).

14.9. To your knowledge, have any of your sexual partners in the last 5 years been sexually active with anyone in the high-risk group for HIV/AIDS?

14.9.1.  No;

14.9.2.  Yes: \_\_\_\_\_ (specify what).

14.10. Do you currently have any medical problems or conditions?

14.10.1.  No;

14.10.2.  Yes: \_\_\_\_\_ (specify what).

