

QUESTIONNAIRE

(IRB Study # 0112)

Date _____ Participant # (Donor ID) _____

Reminder of Eligibility Criteria: You must be 18-45 years of age, and in good health.

Personal Data¹

- 1. Please provide your age _____
- 2. Please indicate your ethnicity (circle one):
 - a. Hispanic or Latino
 - b. Not Hispanic or Latino
- 3. Please indicate your race (circle one):
 - a. American Indian or Alaska Native
 - b. Asian
 - c. Native Hawaiian or Other Pacific Islander
 - d. Black or African American
 - e. White
 - f. Other

Questionnaire (Please circle "Yes" or "No".)

- 1. Are you experiencing any symptoms of illness?
 - 2. Have you ejaculated within the past 48 hours? Yes No
- Yes No

¹ Personal data is collected in accordance with the National Institutes of Health regulations and policies regarding researching involving human subjects.