NATIONAL INSTITUTE OF OCCUPATIONAL HEALTH
Meghaninagar, Ahmedabad - 380016

Date:

OPD/IKD/Others Case Number:

Serial No.

Abstinence (days) _______________________

Exclusion Criteria:

History of Orchitis, testicular trauma and hydrocoele
Drugs for specific diseases that affect semen quality
Urogenital Problems
Sexually transmitted diseases

Inclusion Criteria:

Male subjects with age group between 20-45 years
# Role of Oxidative stress, Lifestyle and Environmental factors in Human Male Reproduction

## Personal information:

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Address</td>
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<tr>
<td>Phone number</td>
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<thead>
<tr>
<th>Area:</th>
<th>1) Rural</th>
<th>2) Semi-urban</th>
<th>3) Urban</th>
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<th>Age (completed years):</th>
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<thead>
<tr>
<th>Date of birth (if known).</th>
<th>Date</th>
<th>Month</th>
<th>Year</th>
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<tr>
<th>Race/Religion:</th>
<th>1) Hindu</th>
<th>2) Muslim</th>
<th>3) Christian</th>
<th>4) Others</th>
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<tr>
<th>Educational Status:</th>
<th>1) Illiterate</th>
<th>2) Primary</th>
<th>3) Secondary</th>
<th>4) Graduate</th>
<th>5) Other</th>
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<tr>
<th>Marital Status:</th>
<th>1) Married</th>
<th>2) Unmarried</th>
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<th>Total income (per month):</th>
<th>Rs.</th>
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<tr>
<th>No. Of family members:</th>
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<tr>
<th>Occupation (Present):</th>
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<tbody>
<tr>
<td>1) Physical Labour</td>
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<tr>
<td>2) Office Worker</td>
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<tr>
<td>3) Industrial worker (Exposed to dust or Chemicals)</td>
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<tr>
<td>4) Farmer/Agriculture</td>
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<tr>
<td>5) Garbage piker</td>
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<tr>
<td>6) Other, specify</td>
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<th>Duration in Years:</th>
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If industrial worker, which type of industry __________________________
Are you exposed to any chemical/dust/fumes/vapours?

a. Yes  b. No □

1.) Metals  2.) Pesticide
3.) Acids/Vapours  4.) Organic Solvents
5.) Heat  6.) Air Pollution
7.) Others, specify ________________

Duration in Years: □ □

Occupation (Past):

1) Physical labour  2) Office Worker
3) Industrial worker (Exposed to dust or Chemicals)
4) Farmer/Agriculture  5) Garbage picker
6) Other, specify ________________ □

Duration in Years □ □

Were you exposed to any chemical/dust/fumes/vapours?

a. Yes  b. No □

1. Metals  2. Pesticide
5. Heat  6. Air Pollution
7. Others, specify ________________

Duration in Years □ □

Use of mobile phones: a. Yes  b. No □

Duration (hours/day) □

Duration (years) □

Clothing:  1) Tight Clothing-Jeans  2) Loose-Clothing □

Dietary habits  1) Vegetarian  2) Mixed □

If mixed/vegetarian, specify ____________________________

How many times do you eat non-vegetarian food in a week? □ □
### Smoking history:
- **a. Yes**
- **b. No**
  1) Smoker
  2) Non-Smoker
  3) Past Smoker

#### Type of Smoking:
- 1) Beedi
- 2) Cigarette
- 3) Chillum

**For Smoker/Past-Smoker:**
- Frequency (no. per day)
- Duration (in years)

**If Past-Smoker, since how long have you given up (Years)**

### Chewing history:
- **a. Yes**
- **b. No**
  1) Chewer
  2) Non-Chewer
  3) Past Chewer

#### Type of Chewing:
- 1) Panmasala Plain
- 2) Arecanut
- 3) Panmasala tobacco
- 4) Gutkha
- 5) Mawa
- 6) Mixed

**If Chewer/Past-Chewer**
- Frequency (no. per day)
- Duration (in years)

**If Past-Chewer, since how long have you given up (Years)**

### Alcohol habits:
- **a. Yes**
- **b. No**
  1) Alcoholic
  2) Non-Alcoholic
  3) Past Alcoholic

**If Alcoholic/Past-alcoholic**
- Frequency (per month)
- Duration (in years)

**If Past-Alcoholic, since how long have you given up (Years)**

### Physical Examination:
- Height (cms):
- Weight (kg):
**MEDICAL HISTORY**

History of present medical complaints: 1) Yes 2) No
(With special reference to reproduction)

If yes, describe

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<th>COMPLAINTS</th>
<th>DURATION</th>
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Have you been diagnosed for any specific uro-genital complications?

1) Yes 2) No

If yes, please specify

History of past major illness 1) Yes 2) No
(Last two years)

If yes, describe

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<tr>
<th>ILLNESS</th>
<th>DURATION</th>
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Are you on medication for any ailment? If yes, please specify

______________________________________________________________

**REPRODUCTIVE HISTORY**

1. Age at marriage (years):

2. History of trauma or swelling of testis 1) Yes 2) No

   If 'yes' give details. (at what age?) _______________________

3. Hydrocoele 1) Yes 2) No
4. Testicular hernia 1) Yes 2) No

5. Erectile dysfunction 1) Yes 2) No

6. History (treatment) for undescended testicles? 1) Yes 2) No

7. History (treatment) for hypospadia (urethral opening under the penis)? 1) Yes 2) No

8. Any contraceptive used in order to delay the 1st pregnancy? 1) Yes 2) No

9. Any neonatal mortality (below 28 days) 1) Yes 2) No

   If 'yes', please specify how many? ______________

**Status of the child at time of birth**

<table>
<thead>
<tr>
<th>No.</th>
<th>Full-term/Preterm Delivery (in months)</th>
<th>Type of Delivery</th>
<th>Period of birth of child After marriage</th>
<th>Sex of the child</th>
<th>Birth Weight (In lb)</th>
<th>Any Congenital Deformity</th>
<th>Present Age of the Child (In years)</th>
<th>Antenatal Exposure to environmental toxicants</th>
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<tbody>
<tr>
<td>1st</td>
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**Children:**

Any major illness in children 1) Yes 2) No

   If 'yes' please specify ______________

Physical growth of children 1) Normal 2) Retarded

   If retarded, please specify ______________

Any mental deficit 1) Yes 2) No

   If 'yes' please specify ______________
HISTORY OF PARTNER

1. Name __________________________________________

2. Age (in years) □ □

3. Date of birth (if known): □ □ □□ □□□□
   Date Month Year

4. Age at marriage □ □

5. Age at Menarche □ □

6. Educational Qualification: __________________________

7. Health Problems: ________________________________

8. Menstrual cycle: I) Regular    II) Irregular    III) Stopped
   If irregular, please give details __________________________

9. History of Miscarriage: 1) Yes 2) No □; Details: __________________________

10. Family history of infertility 1) Yes 2) No □
    (More than one year without contraceptives)

11. H/O of abortion (< 28 weeks) 1) Yes 2) No □

12. If yes, how many abortions? □ □
   Induced abortion (Medical termination of pregnancy) a. Yes □ b. No □
   Spontaneous abortion a. Yes □ b. No □

13. History of prematurity 1) Yes 2) No □
    (28-36 weeks)
    If yes, did the child survive? 1) Yes 2) No □
    If yes, which child? 1st □ 2nd □ 3rd □ 4th □

Any antenatal complication (infection/disease earlier/during pregnancy) (Y/N)________
EARLIER/ DURING
   ▪ Swelling on the body (Y/N)____________________
   ▪ Antenatal bleeding (Y/N)____________________

Any other problem, specify __________________________
Any other major abnormal finding____________________