SECTION II – NON IDENTIFYING INFORMATION ABOUT BIRTHMOTHER

This information will be given to the adopting parents and will be available to your child. Please answer all questions as completely as possible. (Initial) JV

PART I – CHARACTERISTICS OF BIRHTMOTHER AT TIME OF ADOPTEE'S BIRTH

A. GENERAL INFORMATION AND PHYSICAL DESCRIPTION:

HEIGHT	USUAL WEIGHT	EYE COLOR	SKIN COLOR	NATURAL HAIR COLOR	NATURAL HAIR TEXTURE (CHECK ALL THAT APPLY)
5'4	110	Green	white	Brown	☒ FINE ☐ MEDIUM ☐ COARSE ☐ STRAIGHT ☐ WAVY ☐ CURLY ☐ BALDING

BIRTHDATE (YEAR ONLY)	BIRTHPLACE (STATE ONLY)	BLOOD TYPE	RH FACTOR	BODY TYPE	
10/30/1992		O+		☒ SMALL BONED ☐ MEDIUM BONED ☐ LARGE BONED	ARE YOU RIGHT HANDED ☒ LEFT HANDED ☐

Race/Ethnic Group

☒ White ☐ Hispanic ☐ Filipino ☐ Black ☐ Asian or Pacific Islander

☐ American Indian or Alaskan Native ☐ Other (Specify)

If American Indian or Alaskan Native, please specify name of tribe and degree of Indian blood (if known)

SPECIFIC NATIONALITY DESCENT (EXAMPLE: IRISH, FRENCH, GERMAN, CANTONESE, MEXICAN, NIGERIAN)

Irish, Mexican

B. EDUCATION:

LAST GRADE COMPLETED	PRESENTLY IN SCHOOL	USUAL GRADES IN SCHOOL	OTHER TRAINING
12	☐ YES ☒ NO		

EXTRA CURRICULAR ACTIVITIES

SUBJECTS INTERESTED IN

Animal Biology

C. OCCUPATION:

PRESENT OCCUPATION	HOW LONG?	USUAL OCCUPATION
Unemployed		

WHAT ARE YOUR OCCUPATIONAL GOALS? (EXAMPLE: TO BE A TEACHER, WELDER, SALES CLERK)

D. PERSONALITY:

DESCRIBE YOUR PERSONALITY IN TERMS OF YOUR USUAL BEHAVIOR, ATTITUDES, MOODS, ACITIVITIES YOU USUALLY PARTICIPATE IN, TYPES OF PEOPLE YOU ENJOY BEING WITH, ETC.

Oh my gosh i'm having an open adoption!

DESCRIBE TALENTS, HOBBIES AND GOALS IN LIFE

DESCRIBE HOW YOU WERE AS A CHILD

E. ADOPTION QUESTIONS:

Religion:

What Religion do you practice: Christianity

ARE YOU WILLING TO HAVE YOUR CHILD REARED IN THE RELIGIOUS FAITH OF THE ADOPTING PARENTS, IF DIFFERENT FROM YOUR OWN? ☐ YES ☒ NO

IF NO, WHAT RELIGIOUS FAITH DO YOU WISH YOUR CHILD TO BE REARED? christian

WHY DID YOU PLACE THIS CHILD FOR ADOPTION? (PLEASE RESPOND AS THOROUGHLY AS YOU CAN. THIS IS THE QUESTION ADULT ADOPTEES MOST OFTEN ASK ADOPTION AGENCIES.)

i'm not married, ~~[illegible]~~ — Just can me on or will be answered when i call them.

IF YOUR CHILD WAS NOT PLACED FOR ADOPTION AT BIRTH, GIVE INFORMATION ON THE CHILD'S CARE, HEALTH AND DEVELOOPMENT BEFORE PLACEMENT.

HOW DO YOU FEEL ABOUT BEING CONTACTED BY THE ADOPTEE WHEN HE OR SHE REACHES ADULTHOOD?

i'd love it.

F. BIRTHMOTHER'S MENSTRUAL HISTORY AND PREGNANCY HISTORY OF CHILD:

1. MENSTRUAL HISTORY

HOW OLD WERE YOU WHEN YOU BEGAN TO MENSTRUATE? 13-14

WHAT IS THE USUAL LENGTH OF YOUR PERIOD? 3 days

ARE YOU REGULAR? ☐ YES ☒ NO

NO. OF DAYS IN CYCLE: 3

DO YOU HAVE PROBLEMS WITH YOUR PERIODS? ☒ YES ☐ NO ☐ IF YES, EXPLAIN

WERE YOU A "DES" BABY? ☐ YES ☐ NO ☒ UNKNOWN

2. THIS PREGNANCY

NAME AND ADDRESS OF OBSTETRICIAN WHO PROVIDED YOU WITH PRENATAL CARE:

Tracy winward

NAME OF OBSTETRICIAN | ADDRESS | STREET | CITY, | STATE | ZIP CODE

WHEN DID PRENATAL CARE BEGIN? 01/01/21

WHAT WAS YOUR AGE WHEN YOU BECAME PREGNANT? 28

NUMBER OF WEEKS THIS PREGNANCY? 39

TYPE OF BIRTH: ☒ SINGLE ☐ MULTIPLE IF MULTIPLE, HOW MANY?

COMPLICATIONS DURING THIS PREGNANCY? ☐ YES ☒ NO ☐ IF YES, EXPLAIN

HAVE YOU GIVEN BIRTH TO ANY OTHER CHILDREN? ☐ YES ☒ NO ☐ IF YES HOW MANY

3. CONDITIONS DURING THIS PREGNANCY

GERMAN MEASLES ☐ YES ☒ NO; INFECTIONS ☐ YES ☒ NO; ☐ HERPES; ☐ CHLAMYDIA; ☐ GONORRHEA; ☐ GENITAL WARTS; ☐ SYPHILIS; VIRUS (E.G., FLU) ☐ YES ☒ NO; ACCIDENTS ☐ YES ☒ NO

IF YES TO ANY OF THE ABOVE, SPECIFY TYPE OF CONDITION(S), DATE(S) AND TYPE OF TREATMENT

4. DRUGS TAKEN DURING, AND WITHIN ONE YEAR PRIOR, TO THIS JPREGNANCY:

	TAKEN DURING THIS PREGNANCY (Check √ under appropriate column)		TAKEN WITHIN ONE YEAR PRIOR TO PREGNANCY		WHEN?	HOW OFTEN?	AMOUNT?
	YES	NO	YES	NO			
a. Prescription Drugs: [Give name(s)]							
1.							
2.							
3.							
4.							
b. Nonprescription Drugs, Including aspirin, nose drops, etc.							
1. prenatul					during	everyday	1-2 a day
2.							
3.							
4.							
c. Alcohol and other substances:							
1. Alcohol (wine, beer, etc)	√				during	first 2 months	1 bottle a day
2. Amphetamines (uppers)							
3. Barbiturates (downers)							
4. Tobacco							
5. Cocaine							
6. Crack							
7. Heroin							
8. LSD							
9. PCP							
10. Marijuana							
11. Other (specify)							

Have you ever been an IV drug user? ☐ YES ☒ NO

G. PERSONAL HEALTH HISTORY

DESCRIBE YOUR GENERAL HEALTH

Overall very well

WHAT CHILDHOOD DISEASES HAVE YOU HAD?

MEASLES ☐ RUBELLA (3 DAY) ☐ RUBELLA (2 WEEK) ☐ MUMPS ☐ CHICKEN POX ☐ WHOOPING COUGH ☐ HAYFEVER ☐ ROSEOLA ☐ ASTHMA ☐ EAR INFECTIONS ☐ ENCEPHALITIS ☐ MENINGITIS ☐ EAR RHEUMATIC FEVER ☐ HEART MURMUR ☐ SCARLET FEVER ☐ RHEUMATIC FEVER ☐ URINARY/BLADDER INFECTIONS ☐ OTHER (Specify)

ANY MAJOR SURGERY? ☒ YES ☐ NO IF YES, FOR WHAT CONDITIONS/and when? my apendix, i was 23 yrs old

ARE YOU A: ☐ TWIN ☐ TRIPLET ☐ OTHER MULTIPLE BIIRTH ARE YOU AN ☐ IDENTICAL OR ☐ FRATERNAL TWIN

H. FAMILY HISTORY

WERE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY ADOPTED?

☐ YES ☒ NO IF YES, PLEASE TELL WHO

	YOUR BIOLOGICAL FATHER	YOUR BIOLOGICAL MOTHER
Current age		
If deceased, age at death		
Cause of death		
Height & Weight	HEIGHT WEIGHT	HEIGHT WEIGHT
Hair color and texture		
Eye color		
Skin color		
Left or right handed	left	right
Outstanding features		
Education Completed		
Occupation		
Race/Ethnic Group	☒ WHITE ☐ HISPANIC ☐ BLACK ☐ FILIPINO ☐ ASIAN OR PACIFIC ISLANDER ☐ OTHER (SPECIFY ☐ AMERICAN INDIAN OR ALASKAN NATIVE	☒ WHITE ☐ HISPANIC ☐ BLACK ☐ FILIPINO ☐ ASIAN PACIFIC ISLANDER ☐ OTHER (SPECIFY) ☐ AMERICAN INDIAN OR ALASHAN NATIVE
Nationality		
Religion		
Was this parent aware of your pregnancy?	☐ YES ☐ NO	☐ YES ☐ NO
How many brothers or sisters did she/he have?		
If any of your aunts or uncles have died, give age at death and cause of death.		

	YOUR FATHER'S PARENTS		YOUR MOTHER'S PARENTS	
	FATHER	MOTHER	FATHER	MOTHER
Age				
If deceased, age at death and cause of death				
Describe physical appearance				
Height & Weight	HEIGHT	WEIGHT	HEIGHT	WEIGHT
Outstanding Features				
Education completed				
Current of former occupation				
Was he/she aware of your pregnancy?	☐ YES	☐ NO	☐ YES	☐ NO

H. FAMILY HISTORY: (continued)

YOUR BROTHERS AND SISTERS

(If you have more than 4 siblings, please use additional paper)

	1	2	3	4
Sex (Male or Female)			X	
Age			25, 31, 35	
If deceased, age at death and cause				
Full or half sibling to you?	☐ FULL ☐ HALF	☐ FULL ☒ HALF	☐ FULL ☐ HALF	☐ FULL ☐ HALF
Height & Weight	HEIGHT / WEIGHT	HEIGHT / WEIGHT	HEIGHT / WEIGHT	HEIGHT / WEIGHT
Hair color and texture				
Eye color				
Skin color				
Hobbies and talents				
Last grade completed				
Presently in school?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Occupation				
Aware of Pregnancy?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Marital Status				
Number of children they have				
Health of their children				

YOUR OTHER CHILDREN

(If you have more than 4 children, please use additional paper)

	Child #1	Child #2	Child #3	Child #4
Indicate if son or daughter				
Birthday (mo/day/yr) or age				
Full or half sibling to you?	☐ FULL ☐ HALF	☐ FULL ☐ HALF	☐ FULL ☐ HALF	☐ FULL ☐ HALF
If deceased, age at death				
Cause of death				
Height & Weight	HEIGHT / WEIGHT	HEIGHT / WEIGHT	HEIGHT / WEIGHT	HEIGHT / WEIGHT
Hair color and texture				
Eye color				
Skin color				
Left or right handed				
Grade completed				
Does this child live with you	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Hobbies and talents				
General health				
Major surgery				
Health problems				
Was this child aware of the pregnancy?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

I. HEALTH HISTORY OF YOU, YOUR PARENTS AND OTHER RELATIVES

Indicate by checking appropriate box if YOU or any RELATIVES (i.e., your parents, sisters, brothers, aunts, uncles, grandparents, other children born to you, etc.) have had or now have the medical conditions listed below. Indicate person's relationship to you. Please complete Comments Section. If a medical condition resulted in death of a family member, indicate this and the person's approximate age at time of death in Comments Sections.

MEDICAL CONDITION	NO	Not Known	YES Self	YES – RELATIVE *(Specify relationship)*	COMMENTS
A CONGENITAL IMPAIRMENTS 1. Clubfoot or any orthopedic problem (i.e., flat footed, etc.)	X				
2. Harelip (cleft lip or cleft palate)	X				
3. Down's Syndrome	X				
4. Other Chromosome abnormality	X				
5. Hydrocephalus	X				
6. Muscular dystrophy	X				Parts of body involved? Age at onset?
7. Dwarfism	X				
8. Spina bifida	X				
9. Congenital heart defect	X				
10. Sickle Cell Anemia	X				
11. Tay-Sachs disease	X				
B ALLERGIES 1. Eczema or other skin condition	[illegible]		X	[illegible]	To what allergies? What treatment or medication? Eczema, i'm allergic to tumbleweed in Utah
2. Hay fever or other allergy	X		[illegible]		
3. Drug allergy			X	[illegible]	To what drugs? Sulfa
4. Food allergy	X				To what foods?
C EYE, DENTAL, EAR AND DEVELOPMENTAL DISORDERS 1. Blindness, glaucoma, color blindness or other visual problems	X				
2. Corrective glasses or contact lenses	X				At what age were prescription lenses necessary?
Nearsighted ☐ Farsighted ☐	X				
Astigmatism (Inability to focus) ☐	X				
Strabismus (Cross-eyed) ☐	X				
Other (explain) ☐	X				
3. Braces on teeth or other orthodontia work			X		If so, what orthodontic work and for how long? I had braces from 3rd to 8th grade

I. HEALTH HISTORY OF YOU, YOUR PARENTS AND OTHER RELATIVES (Continued)

MEDICAL CONDITION	NO	Not Known	YES Self	YES – RELATIVE *(Specify relationship)*	COMMENTS
4. Deafness or other ear problems	X				Special education? If "Yes", indicate age at onset.
5. Speech problems	X				
6. Learning disability			X		Any diagnosis? Hospitalization? i'm dylexic i also have ADHD
7. Retardation: mental or physical	X				
D CIRCULATORY DISORDERS					
1. Hemophilia	X				
2. Sickle cell anemia or trait	X				
3. Hypertension (high blood pressure)	X				Age at onset? What treatment? Hospitalization?
4. Stroke	X				
5. Heart attack (coronary)	X				
6. Arthritis	X				What kind? Age at onset? What part of body?
7. Kidney disease	X				Age at onset? What treatment?
E HORMONAL DISORDERS					Age at onset? What treatment?
1. Diabetes	X				
2. Thyroid disorder	X				
3. Obesity (overweight)	X				
F RESPIRATORY DISORDERS					Any (known) cause? What treatment?
1. Asthma	X				
2. Emphysema	X				Age at onset?
3. Tuberculosis	X				Age at onset? What kind? What part of body?
G MENTAL AND BEHAVIORAL DISORDERS					Age at onset? What treatment? Hospitalization?
1. Diagnosed schizophrenia	X				
2. Diagnosed manic depressive	X				
3. Other mental illness. Describe, using additional page, if necessary	X				
4. Alcoholism or heavy drinking			X		i did for 3 Years
5. Drug usage	X				Kind, amount, and when taken?

I. HEALTH HISTORY OF YOU, YOUR PARENTS AND OTHER RELATIVES (Continued)

MEDICAL CONDITION	NO	Not Known	YES Self	YES – RELATIVE *(Specify relationship)*	COMMENTS
H LYMPHATIC DISORDERS					What kind? Age of onset? What part of body?
1. Cancer	X				
2. Tumors	X				
3. Cystic fibrosis	X				
4. Hodgkin's disease	X				
I NERVOUS SYSTEM DISORDERS					Parts of body involved? Age at onset?
1. Multiple sclerosis	X				
2. Huntington's disease	X				
3. Cerebral palsy	X				
4. Seizures or convulsions	X				Age at onset? What treatment? Frequency?
5. Epilepsy	X				
J INFECTION, HOSPITALIZATION					Diagnosis?
1. Repeated attacks of fever with known infection	X				
2. Repeated severe infection necessitating hospitalization	X				
3. Hospitalization, operation, or injury	X				What for? When?
K OTHER MEDICAL OR HEALTH PROBLEMS					