



DATE: 5/3/17 TIME: \_\_\_\_\_

| PROFILE        | WIFE                     | HUSBAND           |
|----------------|--------------------------|-------------------|
| NAME:          | NURUL ATIKAH             | MUHD NASRUDDIN    |
| AGE:           | 28                       | 30                |
| MOBILE NO.:    | 82992181                 | 91702875          |
| EMAIL:         | atikahkatrina@gmail.com  | nas.sgp@gmail.com |
| RACE/RELIGION: | Malay / muslim           | Malay / muslim    |
| NATIONALITY:   | Singaporean              | Singaporean       |
| OCCUPATION:    | Inventory Mgmt Executive | Self employed     |

Year of ~~current~~ marriage: 3 yr(s) 11 mth(s)

Are you actively trying for a baby? ☒ Yes / No  
(Circle where applicable)

Will you be interested in attending our future workshops on fertility-related topics? ☒ Yes / No  
(Circle where applicable)

| LIFESTYLE  | WIFE                                |                                     |                       | HUSBAND                             |                                     |                    |
|--|-------------------------------------|-------------------------------------|-----------------------|-------------------------------------|-------------------------------------|--------------------|
| Answer the following:  | YES                                 | NO                                  | Specify detail(s):    | YES                                 | NO                                  | Specify detail(s): |
| 1. Are you overweight?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                    |
| 2. Are you underweight?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                    |
| 3. Do you drink caffeine?<br>If so, how many cups a week?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 2                  |
| 4. Do you smoke?<br>If so, how many sticks a day?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                    |
| 5. Are you taking any supplements?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Folic acid            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                    |
| 6. Are you on any medication?<br>Painkillers, anti-inflammatories, steroids,<br>blood pressure pills, antibiotics? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Puregon for<br>SD-101 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                    |

| WORK & STRESS    | WIFE          | HUSBAND       |
|------------------|---------------|---------------|
| Consider:        | Hours per Day | Hours per Day |
| Working Time:    | 9             | 12            |
| Relaxation Time: | 2             | 1             |