



LITTLE
MIRACLES
SURROGACY



Little Miracles Surrogacy, LLC.
PO Box 58171
Pittsburgh, PA 15209

SURROGATE QUESTIONNAIRE

If the question does not apply to you, please put N/A in the space provided. Please do not leave any question unanswered.

PERSONAL INFORMATION

Full Name:	
Maiden Name:	
Date of Birth:	
Age:	
Height and Weight:	
Have you ever gone by any other last name:	
Email:	
Address:	
Phone #	
Is it ok to leave a message at this number?	
What is the best time to reach you?	
Are you a U.S. citizen?	
What is your Race?	
Religious Beliefs?	
Are you currently on any public assistance? If yes, what type?	

AGENCY INFORMATION



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How did you hear about us?	
Have you been a surrogate before? If yes, please describe your experience What was your compensation?	
Have you applied or are you currently applying to be a surrogate with another agency, medical facility, or law firm?	
Have you ever been an egg donor?	

EMERGENCY CONTACT INFORMATION

Name	
Phone Number	
Relationship to Surrogate	

RELATIONAL

What is your relationship status? If in a relationship, how long have you been together?	
Do you have children together? If so, how many?	
Is your partner supportive of you being a surrogate?	
Do you have a support system? Please describe	
Do you have custody of all your children? If not, please explain?	
Have you ever adopted a child/children?	
Have you ever been a foster parent?	
Have you ever placed a child up for	



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adoption? If yes, when and why?	
What is your sexual orientation?	
Are you currently sexually active? If so, type of contraception	
Have you been diagnosed with HIV, Hepatitis C, or an STD/STI? If so, please explain	
How many sexual partners have you had in the last three years?	
If you have an IUD, when was it implanted?	
Have any of your sexual partners been sexually active with anyone in a high-risk group for AIDs?	
Have you ever been a victim of rape, sexual assault, sexual abuse, or physical abuse?	

HOUSEHOLD

Do you rent or own your home?	
Do you live with anyone? If so, please list their first name, age, and relationship to you	
Does anyone you live with smoke cigarettes, pipe, cigar or vape?	
Have you ever smoked? If so, when was the last time	
Does anyone in the household use or have a prescription for medical marijuana? If so, please send us a picture of the card	



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Do you drink alcohol? If so, how often	
Do you have any pets in your home? If yes, please list what type and their ages.	

CRIMINAL HISTORY

Have you, your partner, or anyone in your household used illegal drugs in the last 12 months?	
Have you or anyone in your household ever been arrested for a crime? If so, please explain	
Have you ever been the victim of a serious accident or crime? If so, please explain	
Do you have a criminal record? If so, please explain	

COVID 19 VACCINE

Have you had the COVID 19 VACCINE? If yes, when? How many doses? Have you had any complications from the vaccine?	
Have you had a COVID 19 Booster? If yes, when? Have you had any complications from the Booster?	
Have you or anyone in your household traveled internationally in the past month? If so, where?	



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TRANSPORTATION

Do you have a valid driver's license? If so, please send us a picture	
Do you own a car? Do you have car insurance? If not, do you have access to a vehicle or public transportation?	
How do you prefer to travel? Car, Plane, Other	
What is the closest international Airport to your home?	

HEALTH QUESTIONS

Have you received any blood transfusions	
Have you received any tattoos or body piercings in the last six months? If so, explain what and when	
Have you ever been told that there is an abnormality with your uterus?	
When was your last pap smear? Was it normal?	
Have you ever had an abnormal pap smear? If yes, please explain	
Do you have regular menstrual periods? How long? How many days is your cycle?	
Do any of your children have any serious chronic health conditions?	



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If yes, please explain	
Have you ever been treated for endometriosis?	
Have you ever had an eating disorder?	

Have you ever been prescribed antidepressants? If yes, when, what, and how long were you taking them	
Have you had any surgeries? If so, when and what	
Have you ever been hospitalized? If so, when and why	
Are you currently taking any medications, vitamins, or supplements If yes, what are you taking	
How would you describe your health?	
Are you exposed to excess heat on a regular basis? Example saunas, hot tubs, or steam rooms	
Are you exposed to any chemicals that could be harmful to a fetus? If yes, please explain	
What is your blood type?	
Are you allergic to any medications?	

PREGNANCIES

Please list the first name, date of birth, birth weight, gestational week, and vaginal or c-section for each child	
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Have you ever had a miscarriage? If yes, when (Month and Year)	
How many pregnancies have you had? Any issues maintaining the pregnancy?	
Have you ever had any difficulty becoming pregnant? If so, please explain	
Have you ever been placed on bed rest? If so, please explain	

Have you ever had an abortion? If yes, when and why?	
Have you ever had a stillbirth? If yes, when	
Are you currently breastfeeding? If yes, when will you be finished	
Is your ob/gyn close to where you live?	

HEALTH INSURANCE

Do you have medical/health insurance? If so, who is your provider Please send us a picture of the front and back of your card	
Is your insurance surrogate friendly?	
Do you have life insurance? If yes, how much is your coverage	

MATCHING QUESTIONS

What Intended Parents are you willing	
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to work with? Straight? Single? Homosexual? Etc.	
Are you comfortable leaving all abortion, termination, or selective reduction decisions up to the IPs?	
If you carry triplets are you comfortable to reduce the pregnancy from 3 to 2 to safeguard your health and the health of the remaining fetuses?	
In the case of triplets do you feel comfortable carrying if your ob/gyn says it's safe?	
What kind of relationship would you like to have with the Intended Parent/s?	
How would you like to communicate?	
What kind of relationship would you like to have with the Intended Parents after the birth of the child?	
Would you like to have future contact with the child and Intended Parents?	
What are the most important qualities you would want in the Intended Parents you are matched with?	
Would you feel comfortable with the Intended Parents being at the doctor appointments?	
Would you feel comfortable with the Intended Parents being in the delivery room?	
Would you be willing to pump, freeze, and ship your breast milk if the Intended Parents request it?	



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Do you feel confident that you will not hesitate to give the Intended Parents their child after birth?	
What do you want the Intended Parents to know about you? Why do you want to be a surrogate?	

EMPLOYMENT/EDUCATION

Are you employed? What do you do?	
How long have you been at your current job?	
Do you work from home or commute?	
What is your highest level of education?	
If applicable, What is your significant other's profession?	
If applicable, What is your significant other's highest level of education?	
Have you or your significant other filed for bankruptcy in the last seven years? If yes, when?	
Have you or your significant other been in foreclosure in the last seven years?	

LEGAL DISCLAIMER



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