

Annexe I

Ce questionnaire se trouve sur le site : <http://forums.fertilitycommunity.com/student-research-surveys/>

Thank you for your participation in this survey. We are three medical students at the University of Geneva (Switzerland) that are interested in the field of infertility. As part of our studies, we are doing a project that aims to better understand how patients cope emotionally with their diagnosis and subsequent treatment, and the difficulties encountered throughout the process. The information gathered will of course be strictly confidential, and we are sincerely gratefully for your time and for sharing your experience on a sensitive and difficult subject.

Below you will find 18 questions which should not take more than 10 minutes to complete. Please feel free to skip any question you prefer not to answer.

1. In your case, the origin of the infertility was:

(Please mark with an X the answer that applies)

Male-related Female-related Mixed Unknown

2. Age of each member of the couple when the infertility was diagnosed:

You Your partner

3. Have you considered adoption?

- No
 Yes, even before considering infertility treatment
 Yes, only if infertility treatment is not successful

4. If you have decided against adoption, what are the reasons?

(Please mark more than one answer if applicable)

- | | |
|--|--|
| <input type="checkbox"/> The procedure is too long | <input type="checkbox"/> The procedure is too complicated |
| <input type="checkbox"/> Too expensive | <input type="checkbox"/> Desire to experience a pregnancy |
| <input type="checkbox"/> Desire to be biological parents | <input type="checkbox"/> Other reasons (please specify below): |

5. What medical treatments have you tried?

(Mark with an X all the treatments you have experienced)

- | | |
|--|---|
| <input type="checkbox"/> Artificial insemination | <input type="checkbox"/> Sperm donation |
| <input type="checkbox"/> In-vitro fertilisation (IVF) | <input type="checkbox"/> Ovule donation |
| <input type="checkbox"/> Intracytoplasmic sperm injection (ICSI) | <input type="checkbox"/> Pre-implantation genetic diagnosis |
| <input type="checkbox"/> Other reasons (please specify): | |

6. How have you financed this treatment?

NHS
 Bank loan
 Other

Private savings
 Family help

Optional Comments:

7. Did you have to travel outside your hometown/city to receive the infertility treatment?

No

Yes, within the same country

Yes, to a foreign country

If you had to travel to another country, please indicate the country & the reason for choosing it:

8. If you had to travel outside your hometown/city, did it have a negative effect?

No

Yes – Financially

Yes – Emotionally

Optional Comments:

9. How many times have you managed to become pregnant after following infertility treatment?

None

Once

Twice

More than twice (precise number)

10. How many cycles of infertility treatment have you done?

11. Age at which you achieved your full-term first pregnancy :

Age of father

Age of mother

12. How did your family/friends react to your decision to receive infertility treatment?

Supportive
 Neutral

Disapproval
 Unaware

Optional Comments:

13. Please tell us how much you agree or disagree with the following statements regarding your emotional well-being at different stages of the infertility treatment process? (If any of the statements are not applicable to your circumstances, please leave blank).

| | Agree Strongly | Agree | Neither Agree or Disagree | Disagree | Disagree Strongly |
|--|----------------|-------|---------------------------|----------|-------------------|
| The diagnosis was very difficult for me to cope with emotionally | | | | | |
| Optional Comments: | | | | | |
| The diagnosis negatively affected my relationship with my partner | | | | | |
| Optional Comments: | | | | | |
| The treatment was very difficult for me to cope with emotionally | | | | | |
| Optional Comments: | | | | | |
| The treatment negatively affected my relationship with my partner | | | | | |
| Optional Comments: | | | | | |
| The pregnancy was very difficult for me to cope with emotionally | | | | | |
| Optional Comments: | | | | | |
| News of the pregnancy had a positive effect on our relationship | | | | | |
| Optional Comments: | | | | | |
| Maternity/Paternity has been a very positive experience for me | | | | | |
| Optional Comments: | | | | | |
| The emotional support provided by the medical team that treated us was helpful and sufficient. | | | | | |
| Optional Comments (how would you improve it?): | | | | | |
| I am concerned that my child will be negatively affected when he learns about how he was conceived | | | | | |
| Optional Comments: | | | | | |

(The questions below are to obtain sociological data to regroup the answers)

14. About you:

Male

Female

Nationality

Country of Residence

15. Type of family:

Married

Long-term relationship

Mono-parental

Heterosexual

Homosexual

16. Do you participate in a patient association?

No

Yes

17. If yes, what type of support have the patient association provided you with?

18. Any additional comments you would like to share regarding your experiences: