

Millennium Cohort Study

**Postal Questionnaire
used for
Survey of MCS Mothers
who had received
Successful Fertility Treatment**

May 2003



Centre for Longitudinal Studies

Bedford Group for Lifecourse & Statistical Studies
Institute of Education, University of London

In collaboration with



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Old Road Campus, Oxford OX3 7LF



Mothers' Experiences of Fertility Treatment

In Confidence

HOW TO FILL IN THIS QUESTIONNAIRE

Please answer the questions by:

Ticking a box like this

Or writing a number like this

2	3
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Sometimes you will find an instruction telling you which questions to answer next like this

Yes

No

GO TO Q4 below

Sometimes you will need to write in your answer using the space provided

Travelled by train

HOW TO RETURN THIS QUESTIONNAIRE

Please complete and sign the consent form and return it to us in the SMALL FREEPOST envelope

If you are willing to complete the questionnaire, please fill in as much as you can and return it to us in the LARGER FREEPOST envelope

If you would prefer to complete the questionnaire over the telephone, please let us know on the consent form

If you do not wish to participate in the study just return the consent form to us in either FREEPOST envelope

PLEASE START THE QUESTIONNAIRE AT Q1 ON PAGE 2

THANK YOU AGAIN FOR YOUR HELP

SECTION ONE: SEEKING FERTILITY TREATMENT

This section asks you about where you FIRST sought fertility treatment to help you get pregnant as well as how long it took to gain access to the treatment you required.

Q1 How long were you trying to get pregnant before you first went to the GP to discuss fertility treatment?

Please write the number of months in this box.

117-119

Q2 When was the first time you ever sought medical help for fertility?

Please write the month in this box.
(e.g. July=07)

<input type="text"/>	<input type="text"/>
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120-121

Please write the year in this box.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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122-125

Q3 Whom did you first go to see to seek medical help? (e.g. GP, Fertility specialist, Gynaecologist etc)
(If you did not see your GP for help go to Q9 on page 3)

126-185

Q4 Did the GP advise or prescribe any treatment for you?

186-191
(SPARE 192-199)

Tick all that apply

No, the GP did not advise any treatment for me

1

Yes, the GP prescribed clomid/seraphane tablets

2

Yes, the GP discussed lifestyle changes with me – smoking

3

Yes, the GP discussed lifestyle changes with me – drinking

4

Yes, the GP discussed lifestyle changes with me – weight loss

5

Yes, the GP advised some other treatment for me
(please write details below)

6

213-298

Q5 Did the GP refer you to a fertility specialist?

299

Tick one box

- Yes ₁ **GO TO Q6 below**
- No ₂ **GO TO Q9 below**

Q6 Which clinic were you referred to?
(please write the name and location of the clinic below)

313-372

Q7 How many months was it between your first visit to the GP and when the GP decided to refer you to see a fertility specialist?

Please write the number of months in this box.

373-375

Q8 Following the GP's letter of referral, how long did you wait until your first visit to the fertility clinic?

Please write the number of months in this box.

376-378

Q9 Did you (or your partner) have medical tests or investigations to find out why you had difficulty getting pregnant?

(SPARE 379-399)
413

Tick one box

- Yes ₁ **GO TO Q10 on page 4**
- No ₂ **GO TO Q13 on page 5**
- Unsure ₃ **GO TO Q13 on page 5**
(please explain below)

414-472

Q10 Please tick below **who** had tests or investigations and whether they were prescribed by the **GP** or the **fertility clinic** (or **both**).
Please write details below if you wish.

	Who had tests <small>473</small>	GP prescribed	Fertility clinic prescribed	
My partner and I both had tests (or investigations)	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	474-475 GO TO Q11 below
Only I have had tests (or investigations)	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	476-477 GO TO Q12 below
Only my partner has had tests (or investigations)	<input type="checkbox"/> <small>3</small>	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	478-479 GO TO Q12 below

(SPARE 480-499)
513-599

Q11 Did you and your partner have tests at the same referral?

613

Tick **one** box

Yes, we both received tests at the same referral	<input type="checkbox"/> <small>1</small>
No, my partner had tests first	<input type="checkbox"/> <small>2</small>
No, I received tests first	<input type="checkbox"/> <small>3</small>
Other (please write details below)	<input type="checkbox"/> <small>4</small>

614-699

Q12 What did the tests show as the likely cause or causes of the difficulty in getting pregnant?

713-718

Tick **all** that apply

A problem with the sperm (male factor)	<input type="checkbox"/> <small>1</small>
A problem with the fallopian tubes	<input type="checkbox"/> <small>2</small>
A problem with ovulation (releasing the egg)	<input type="checkbox"/> <small>3</small>
Endometriosis	<input type="checkbox"/> <small>4</small>
No reason found (unexplained)	<input type="checkbox"/> <small>5</small>
Other (please write details below)	<input type="checkbox"/> <small>6</small>

719-799

SECTION TWO: TYPE OF FERTILITY TREATMENT RECEIVED

Now we would like to ask about fertility treatment leading to the birth of your child/children in the Child of the New Century Study, whether or not it followed on from the experience described in Section One.

Q13 Did the treatment which led to the birth of your child/children in the Child of the New Century Study follow directly from the consultations described in Section One?

813

Tick one box

Yes	<input type="checkbox"/> <small>1</small>
No	<input type="checkbox"/> <small>2</small>

Q14 Which fertility treatment led to the birth of your child/children in the Child of the New Century Study?

Tick all that apply

	Yes	No	Unsure	
Clomid/Seraphane (Tablets to make you produce more eggs)	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	814
Ovulation Induction (Injections to make you produce more eggs)	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	815
Diathermy to your ovaries	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	816
Intrauterine insemination of your partners sperm (IUI) (Putting sperm directly into the womb)	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	817
Intrauterine insemination of donor sperm (DI)	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	818
Gamete intra-fallopian tube transfer (GIFT)	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	819
In-vitro fertilisation (IVF)	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	820
IVF with Intra-cytoplasmic sperm injection (ICSI) (Injecting a single sperm into the egg)	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	821
Frozen embryo transfer	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	822
Specific treatment for your partner (please explain below)	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	823
Other (please write details below)	<input type="checkbox"/> <small>1</small>	<input type="checkbox"/> <small>2</small>	<input type="checkbox"/> <small>3</small>	824

825-899

SECTION THREE: DRUG TREATMENT FOR FERTILITY

Now we would like to ask you more about any drug treatments which led to the birth of your child/children in the Child of the New Century Study.

Q15 Did you receive any fertility drugs to help you conceive in this pregnancy?

913

Tick one box

Yes	<input style="width: 50px; height: 30px;" type="checkbox"/> <small style="text-align: right;">1</small>	GO TO Q16 below
No	<input style="width: 50px; height: 30px;" type="checkbox"/> <small style="text-align: right;">2</small>	GO TO Q17 on page 7
Unsure	<input style="width: 50px; height: 30px;" type="checkbox"/> <small style="text-align: right;">3</small>	GO TO Q17 on page 7

Q16 Please tick whether you received any of the following drugs or not.

(Remember, you may have used these drugs for Ovulation induction, IUI, IVF or ICSI)

Tick all that apply

	Yes	No	Unsure	
<p>HMG (Human Menopausal Gonadotrophin) (Injection of hormones to increase the number of eggs the ovary produces e.g. pergonal, humegon, menogon)</p>	<input style="width: 50px; height: 30px;" type="checkbox"/> <small style="text-align: right;">1</small>	<input style="width: 50px; height: 30px;" type="checkbox"/> <small style="text-align: right;">2</small>	<input style="width: 50px; height: 30px;" type="checkbox"/> <small style="text-align: right;">3</small>	914
<p>Follicle Stimulating Hormone (Injection of hormones to increase the number of eggs the ovary produces e.g. metrodin, menopur)</p>	<input style="width: 50px; height: 30px;" type="checkbox"/> <small style="text-align: right;">1</small>	<input style="width: 50px; height: 30px;" type="checkbox"/> <small style="text-align: right;">2</small>	<input style="width: 50px; height: 30px;" type="checkbox"/> <small style="text-align: right;">3</small>	915
<p>RFSH (Recombinant Follicle Stimulating Hormone) (Injection of hormones to increase the number of eggs the ovary produces e.g. Puregon, Gonal F)</p>	<input style="width: 50px; height: 30px;" type="checkbox"/> <small style="text-align: right;">1</small>	<input style="width: 50px; height: 30px;" type="checkbox"/> <small style="text-align: right;">2</small>	<input style="width: 50px; height: 30px;" type="checkbox"/> <small style="text-align: right;">3</small>	916
<p>HCG (Human Chorionic Gonadotrophin) (Injection given to mature eggs just before they are released with IUI or prior to IVF egg collection e.g. Gonadotrophin LH, pregnyl, profasi)</p>	<input style="width: 50px; height: 30px;" type="checkbox"/> <small style="text-align: right;">1</small>	<input style="width: 50px; height: 30px;" type="checkbox"/> <small style="text-align: right;">2</small>	<input style="width: 50px; height: 30px;" type="checkbox"/> <small style="text-align: right;">3</small>	917
<p>Down Regulation Drugs (Nasal drugs for IVF e.g. synarel, buserelin, nafarelin)</p>	<input style="width: 50px; height: 30px;" type="checkbox"/> <small style="text-align: right;">1</small>	<input style="width: 50px; height: 30px;" type="checkbox"/> <small style="text-align: right;">2</small>	<input style="width: 50px; height: 30px;" type="checkbox"/> <small style="text-align: right;">3</small>	918

SECTION FOUR: PREVIOUS FERTILITY TREATMENT

This section asks whether you have ever received fertility treatment **NOT** related to the pregnancy leading to the birth of your child/children in the Child of the New Century Study

Q17 Have you ever had other fertility treatment in the past before the treatment which led to your pregnancy with the child/children in the Child of the New Century Study?

919

Tick one box

Yes	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">1</small>	GO TO Q18 below
No	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">2</small>	GO TO Q26 on page 10

Q18 In which year was treatment started?

Please write the year in this box.

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920-923

Q19 Please state which of the following fertility treatment(s) you received in the past.

Tick all that apply

	Yes	No	Unsure	
Clomid/Seraphane (Tablets to make you produce more eggs)	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">1</small>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">2</small>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">3</small>	924
Ovulation Induction (Injections to make you produce more eggs)	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">1</small>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">2</small>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">3</small>	925
Diathermy to your ovaries	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">1</small>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">2</small>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">3</small>	926
Intrauterine insemination of your partners sperm (IUI) (Putting sperm directly into the womb)	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">1</small>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">2</small>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">3</small>	927
Intrauterine insemination of donor sperm (DI)	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">1</small>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">2</small>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">3</small>	928
Gamete intra-fallopian tube transfer (GIFT)	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">1</small>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">2</small>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">3</small>	929
In-vitro fertilisation (IVF)	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">1</small>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">2</small>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">3</small>	930
IVF with Intra-cytoplasmic sperm injection (ICSI) (Injecting a single sperm into the egg)	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">1</small>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">2</small>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">3</small>	931
Frozen embryo transfer	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">1</small>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">2</small>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">3</small>	932
Specific treatment for your partner (please explain below)	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">1</small>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">2</small>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">3</small>	933
Other (please write details below)	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">1</small>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">2</small>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">3</small>	934

935-999

SECTION FIVE: DRUG TREATMENT TAKEN IN THE PAST FOR FERTILITY

Now we would like you to tell us details about fertility drugs you may have received in the past **NOT** related to the birth of your child/children in the Child of the New Century Study.

Q20 Have you been prescribed fertility drugs in the past?
(NOT related to the birth of your child/children in the Child of the New Century Study)

1013

Tick one box

Yes	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">1</small>	GO TO Q21 below
No	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">2</small>	GO TO Q22 on page 9
Not sure	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">3</small>	GO TO Q22 on page 9

Q21 Please tick **for each drug** whether you received it or not and if so write in the number of cycles you took it for. (Remember, you may have used any of these drugs for different types of treatment e.g. Ovulation induction, IUI, IVF or ICSI)

Tick all that apply

	Yes	If yes, no. of cycles	No	Not Sure	
<p>HMG (Human Menopausal Gonadotrophin) (Injection of hormones to increase the number of eggs the ovary produces e.g. pergonal, humegon, menogon)</p>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">1</small>	1015-1016 <input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">2</small>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">3</small>	1014
<p>Follicle Stimulating Hormone (Injection of hormones to increase the number of eggs the ovary produces e.g. metrodin, menopur)</p>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">1</small>	1018-1019 <input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">2</small>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">3</small>	1017
<p>RFSH (Recombinant Follicle Stimulating Hormone) (injection of hormones to increase the number of eggs the ovary produces e.g. Puregon, Gonal F)</p>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">1</small>	1021-1022 <input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">2</small>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">3</small>	1020
<p>HCG (Human Chorionic Gonadotrophin) (Injection given to mature eggs just before they are released with IUI or prior to IVF egg collection e.g. Gonadotrophin LH, pregnyl, profasi)</p>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">1</small>	1024-1025 <input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">2</small>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">3</small>	1023
<p>Down Regulation Drugs (Nasal drugs for IVF e.g. synarel, buserelin, nafarelin)</p>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">1</small>	1027-1028 <input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">2</small>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> <small style="text-align: right;">3</small>	1026

Q22 Did these earlier treatments lead to a pregnancy/pregnancies?
(Use additional space below if you had more than one previous pregnancy related to fertility treatment)

1029

Tick one box

- Yes ₁ GO TO Q23 below
- No ₂ GO TO Q26 on page 10

Q23 How many babies did you conceive?

1030

Tick one box

- Single baby ₁
- Twins ₂
- Triplets or more ₃

Q24 Did the pregnancy lead to a live birth or births?
(Please write more details below if you would like)

1031

Tick one box

- Yes ₁ GO TO Q25 below
- No ₂ GO TO Q26 on page 10

Q25 How many babies did you have?

1032

Tick one box

- Single baby ₁
- Twins ₂
- Triplets or more ₃

1033-1099

SECTION SIX: COSTS OF FERTILITY TREATMENT

The costs of having fertility treatment varies throughout the country. Often women and their families must pay a significant amount for the treatment. We would like to ask you whether you had to pay for treatment and if so how much you have paid altogether for fertility treatment ever in the past.

Q26 Did you receive any private care for fertility treatment (by paying outside the NHS)?

1113

Tick one box

Yes **GO TO Q27 below**

No **GO TO Q28 below**

Q27 Please write details below of the fertility treatment you received privately.

1114-1199
1213-1299

Q28 Did you receive any NHS care for fertility treatment (without having to pay for it)?

1313

Tick one box

Yes **GO TO Q29 below**

No **GO TO Q30 below**

Q29 Please write details below of any NHS care you received for fertility treatment.

1314-1399
1413-1499

Q30 Please list which fertility drugs you paid for.

1513-1599
1613-1699

Q31 Please indicate which drugs were provided free by the clinic or the GP (with a prescription charge).

1713-1799
1813-1899

Q32 Can you give us an estimate of how much you paid **altogether** for your drug prescriptions?
(If unsure please write an estimate of the overall costs or whatever information you can give us)

	Yes I paid	£	for drugs	1913-1917
	I did not pay separately for drugs but paid	£	for all the care I received (private care)	1918-1923

Q33 For each fertility treatment that you have **ever** received please indicate who paid for your treatment (e.g. you and your partner, GP, NHS, other). If you paid for any of the treatment please estimate how much you or your family paid.
Please write who paid and how much you had to pay for the treatment.

	Who paid?	Your cost £	
Clomid/Seraphane (Tablets to make you produce more eggs)	1924-1943 <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		1944-1949
Ovulation Induction (Injections to make you produce more eggs)	1950-1969 <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		1970-1975
Diathermy to your ovaries	1976-1995 <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		(SPARE 1996-1999) 2013-2018
Intrauterine insemination of your partners sperm (IUI) (Putting sperm directly into the womb)	2019-2038 <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		2039-2044
Intrauterine insemination of donor sperm (DI)	2045-2064 <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		2065-2070
Gamete intra-fallopian tube transfer (GIFT)	2071-2090 <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		2091-2096
In-vitro fertilisation (IVF)	2113-2132 <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		(SPARE 2097-2099) 2133-2138
IVF with Intra-cytoplasmic sperm injection (ICSI) (Injecting a single sperm into the egg)	2139-2158 <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		2159-2164
Frozen embryo transfer	2165-2184 <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		2185-2190
Andrology test for partner	2213-2232 <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		(SPARE 2191-2199) 2233-2238
Treatment for partner	2239-2258 <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		2259-2264

Please add any details below:

(SPARE 2265-2299)
2313-2399

SECTION SEVEN: YOUR EXPERIENCES OF FERTILITY TREATMENT

We would like you to tell us some details about the impact receiving fertility treatment had on your life. We would like you to tell us about all your experience of fertility treatment not just the treatment leading to the birth of your child/children in the Child of the New Century Study.

Q34 How many visits have you made to your GP to discuss or receive fertility treatment?

2413-2415

Please write the approximate number of visits in this box.

Q35 If you have a partner please write an estimate of the number of visits your partner has made to the GP related to your fertility treatment.

2416-2418

Please write the approximate number of visits in this box.

Q36 Have you received treatment at more than one fertility clinic to try to get pregnant?

2419

Tick one box

Yes

GO TO Q37 below

No, I only attended one fertility clinic

GO TO Q40 below

No, I never went to a fertility clinic

GO TO Q44 on page 13

Q37 How many clinics did you go to for treatment?

2420-2422

Please write the number of clinics in this box

Q38 Please give us the names of the clinics you attended in addition to the clinic you mentioned at Q5.

2423-2499
2513-2599

Q39 Please tell us why you went to more than one clinic.

2613-2699
2713-2799

Q40 How many appointments have you ever had at fertility clinic(s) in total?

2813-2815

Please write the number of appointments in this box.

For Q41-Q43 please indicate the distance and relevant costs for the most recent clinic you visited.

Q41 For the most recent appointment how many miles did you have to travel (roundtrip)?

Please write the number of miles in this box.

2816-2819

Please write the number of miles your partner travelled in this box.

2820-2823

Q42 How did you travel to the clinic (e.g. rail, car, bus)?

2824-2899

Q43 Please estimate the total cost to you (and your partner) of your most recent visit to the clinic.

Please write the cost in this box.

2913-2919

Q44 Did **you** ever need to take time off work to receive fertility treatment?

2920

Tick **one** box

Yes

GO TO Q45 below

Not applicable as I was not working

GO TO Q47 on page 14

No I did not need to take time off work

GO TO Q47 on page 14

No I was not able to take time off work

GO TO Q47 on page 14

Q45 How many days did you take off work to receive fertility treatment?

Please write the number of days in this box.

2921-2923

Q46 Please indicate how this time off was arranged.

2924-2925

Tick **all** that apply

I was allowed time off work (paid)

I took the time off work (unpaid or annual leave)

Please give further details if you would like:

2926-2999

Q47 Did your **partner** need to take time off work to receive fertility treatment?

3013

Tick one box

Yes **GO TO Q48 below**

Not applicable as my partner was not working **GO TO Q50 below**

No my partner did not need to take time off work **GO TO Q50 below**

No my partner was not able to take time off work **GO TO Q50 below**

Q48 How many days did your partner take off work to receive fertility treatment?

Please write the number of days in this box.

3014-3016

Q49 Please indicate how this time off was arranged.

3017-3018

Tick all that apply

My partner was allowed time off work (paid)

My partner took the time off work (unpaid, annual leave)

Q50 How disruptive was receiving fertility treatment to your life?
Please tick one box and explain below.

Not at all

Slightly

Moderately

Very

Extremely

3019

3020-3099
3113-3199

Q51 In what ways could your experience of fertility treatment have been improved?

3213-3299
3313-3399

Q52 What, if anything, would you like to tell policy makers in the NHS or Government about your experiences of fertility treatment?

3413-3499
3513-3599

Please use the space below to add any more details to any of your answers or to tell us anything else that you would like to about your fertility treatment.

3613-3699
3713-3799
3813-3899
3913-3999

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE