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Block 2

Research survey: Evaluation of infertility and fertility preservation among United States residents and fellows

A research team at Stanford University Reproductive Endocrinology & Infertility is conducting a study among United States residents and fellows across the country about prevalence of infertility, access to infertility treatment, as well as oocyte and embryo cryopreservation.

We are also interested in assessing support of residency/fellowship programs to those struggling with fertility issues or interested in fertility preservation, as these are important issues facing many residents and fellows. **We hope to update the findings of our earlier study (see below), in order to identify gaps in awareness to help develop resources for residents and fellows in the areas of infertility and fertility preservation.**

If you wish to participate, please fill out this survey which should take approximately 5 minutes. **We assure you that subjects' responses will be maintained in a confidential and anonymous form and that participants will not be asked to identify their program specifically. No identifying information will be collected for any part of the survey. The results will be used for research purposes only.** Being in this study is optional. Please fill out all relevant questions, though you can skip questions that you do not want to answer/are not relevant. Your choice will not affect your standing in the program.

Please contact Ange Wang, R3 at angewang@stanford.edu or the PI Dr. Lusine Aghajanova at aghajano@stanford.edu with questions about this study. This study has been approved by the Stanford University Institutional Review Board (IRB). If you have questions or concerns about your rights as a research participant, you can contact the Stanford IRB at (650) 724-7141 or irbeducation@lists.stanford.edu.

We thank you in advance for your assistance.

Sincerely,

Lusine Aghajanova, MD and Ange Wang, MD
Stanford University Department of Obstetrics & Gynecology

Additional study background:

Infertility is the inability of a couple to become pregnant after one year of unprotected intercourse. Its prevalence is similar across all countries ranging from 9 to 30% and it is a devastating condition for many families having a significant psychosocial impact to affected individuals. Health care providers are subject to the same statistical risks for having fertility issues as the general population. However, to date, there are few studies that comprehensively evaluate the prevalence of infertility among United States residents, in both access to care and the affordability of such care. Our earlier survey demonstrated that the prevalence of infertility among ObGyn residents was over 8%. We are interested in capturing larger numbers of ObGyn residents with this follow up survey as well as investigating fertility issues among medical trainees in other specialties. (Aghajanova, Lusine, et al. "Obstetrics and gynecology residency and fertility needs: national survey results." *Reproductive Sciences* 24.3 (2017): 428-434) In addition, recent technological advances have

made oocyte cryopreservation available a fertility preservation option for non-cancer patients, and we are interested in evaluating the utilization of this service by US residents and fellows.

Section 1 - Demographics

What is your medical specialty?

- ☐ Anesthesia
- ☐ Dermatology
- ☐ Emergency medicine
- ☐ Cardiac Surgery
- ☐ Family medicine
- ☐ Internal medicine
- ☐ Neurology
- ☐ Obstetrics and Gynecology
- ☐ Ophthalmology
- ☐ Orthopedic surgery
- ☐ Otolaryngology
- ☐ Oral and Maxillofacial Surgery
- ☐ Pathology
- ☐ Pediatrics
- ☐ PM&R
- ☐ Psychiatry
- ☐ Radiology - diagnostic
- ☐ Radiology - interventional
- ☐ Radiation oncology
- ☐ General surgery
- ☐ Urology
- ☐ Neurological surgery
- ☐ Plastic surgery
- ☐ Other surgical subspecialty
- ☐ Other

Are you a resident or fellow?

- ☐ Resident
- ☐ Fellow

What is your current year of training?

- ☐ PGY1
- ☐ PGY2
- ☐ PGY3
- ☐ PGY4
- ☐ PGY5
- ☐ PGY6
- ☐ PGY7
- ☐ PGY 8 or above

If you are a fellow, please state the type of fellowship you are doing:

What is your sex?

- ☐ Female
- ☐ Male
- ☐ Transgender/other

With which race/ethnicity do you identify yourself? (Please check all that apply)

- ☐ Caucasian
- ☐ Black/African-American
- ☐ Latino/hispanic
- ☐ Asian/Pacific Islander
- ☐ Native American
- ☐ Other (please specify)

What is your sexual orientation?

- ☐ Heterosexual
- ☐ Homosexual
- ☐ Bisexual
- ☐ Other

What is your current marital status?

- ☐ Married

- ☐ Partnered, not married
- ☐ Single
- ☐ Divorced
- ☐ Widowed
- ☐ Other

What is your combined annual household income while in-training?

- ☐ <40K
- ☐ 40-60K
- ☐ 61-80K
- ☐ 81-100K
- ☐ 100-200K
- ☐ >200K

What is your geographic region?

- ☐ West Coast
- ☐ Southwest
- ☐ Midwest
- ☐ South and southeast
- ☐ East Coast

Do you live in a state where fertility coverage by insurance is mandated? (Note: As of 2018, these states are Arkansas, Connecticut, Hawaii, Illinois, Louisiana, Maryland, Massachusetts, Montana, New Jersey, New York, Ohio, Rhode Island, and West Virginia)

- ☐ Yes
- ☐ No

Section 2. Reproductive Details

Do you currently have a partner?

- ☐ Yes
- ☐ No
- ☐ Unsure

How often do you have intercourse?

- ☐ 2-5 times per week
- ☐ < 2 times per week but >3 times a month
- ☐ <3 times a month
- ☐ No intercourse

Which method of contraception do you and your partner use? Select all that apply.

- ☐ No contraception
- ☐ Cycle awareness / rhythm method
- ☐ OCPs
- ☐ Patch or ring
- ☐ IUD
- ☐ Implanon/Nexplanon
- ☐ Tubal ligation
- ☐ Barrier
- ☐ Vasectomy
- ☐ Withdrawal
- ☐ Other, please specify

Have you or your partner currently been trying to become pregnant and for how long?

- ☐ Have not been trying
- ☐ Trying <1 year
- ☐ Trying 1-3 years
- ☐ Trying >3 years

Do you have a child or are you or your partner currently pregnant?

- ☐ Yes
- ☐ No

Have you or your partner been or are currently pregnant during training?

- ☐ Yes
- ☐ No

How long did it take to become pregnant? Select all that apply (if multiple pregnancies)

- ☐ <6 months
- ☐ 6-12 months

- ☐ 1-2 years
- ☐ >2 years
- ☐ Other, please specify

Was it a spontaneous pregnancy? Select all that apply (if multiple pregnancies)

- ☐ Yes
- ☐ No - oral medications
- ☐ No - IUI
- ☐ No - IVF
- ☐ No - surrogate
- ☐ No - other

What was the outcome of the pregnanc(ies) in training? Select all that apply.

- ☐ Live born - preterm <37 weeks
- ☐ Live born - full term 37+ weeks
- ☐ Currently pregnant
- ☐ Miscarriage or loss <20 wks
- ☐ Intrauterine demise or loss >20 wks
- ☐ Termination
- ☐ Neonatal demise
- ☐ Other, please specify

Have you delayed your childbearing plans due to residency/fellowship training?

- ☐ Yes
- ☐ No
- ☐ Unsure/other

Have you or your partner done any tests **for the specific purpose of assessing ovarian reserve or fertility**? Select all that apply

- ☐ Lab tests (i.e. AMH, FSH, estradiol)
- ☐ Ultrasound
- ☐ Semen analysis
- ☐ None
- ☐ Other, please specify

Have you or your partner considered oocyte or embryo cryopreservation ('egg-banking') for fertility preservation?

- ☐ Yes
- ☐ No
- ☐ Never heard or thought of it
- ☐ Other, please specify

Have you experienced infertility (inability to conceive after 12 months for age <35 or 6 months for age 35+) or recurrent pregnancy loss (2 or more miscarriages)? Select all that apply.

- ☐ Yes – infertility
- ☐ Yes – recurrent pregnancy loss
- ☐ No
- ☐ Don't know
- ☐ Not applicable

If you have experienced infertility or RPL, did you experience this in training or prior to training?

- ☐ During training
- ☐ Prior to training
- ☐ Both in training and prior to training
- ☐ Not applicable

Section 3. Infertility and fertility preservation section

Did you and/or your partner go for consultation at a fertility center?

- ☐ Yes
- ☐ No
- ☐ Not applicable
- ☐ Other, please specify

What was the cause of infertility? Select all that apply.

- ☐ Diminished ovarian reserve
- ☐ Endometriosis
- ☐ Male factor
- ☐ Ovulatory dysfunction including PCOS
- ☐ Recurrent pregnancy loss
- ☐ Tubal

- ☐ Uterine
- ☐ Unexplained/don't know
- ☐ Other

If you did have not yet had a fertility consultation, what is the most reason? Select all that apply.

- ☐ Don't think I need it yet
- ☐ Don't have time
- ☐ Cannot afford
- ☐ Hoping I won't need it
- ☐ Other, please specify

Why did you decide not to pursue a consultation for oocyte or embryo cryopreservation despite interest? Select all that apply.

- ☐ Financial reasons
- ☐ Lack of insurance
- ☐ No current partner
- ☐ Lack of time/flexibility
- ☐ Not interested at this time
- ☐ Other, please specify

Have you or your partner completed or are currently preparing for a stimulation cycle? Select all that apply.

- ☐ Yes – IVF for infertility/RPL
- ☐ Yes – IVF for oocyte cryopreservation
- ☐ Yes – IVF for embryo cryopreservation
- ☐ Yes – IUI
- ☐ Yes – oral medications
- ☐ No

Why did you decide not to pursue oocyte or embryo cryopreservation after consultation? Select all that apply.

- ☐ Financial reasons
- ☐ Lack of insurance
- ☐ No current partner
- ☐ Lack of time/flexibility
- ☐ Not interested at this time
- ☐ Other, please specify

Why did you decide not to pursue fertility treatment after consultation? Select all that apply.

- ☐ Financial reasons
- ☐ Lack of insurance
- ☐ No current partner
- ☐ Lack of time/flexibility
- ☐ Not interested at this time
- ☐ Other, please specify

Where did you or your partner receive infertility or fertility preservation treatment? Select all that apply.

- ☐ University clinic
- ☐ Private clinic
- ☐ Same hospital I work at
- ☐ Other, please specify

Number of IVF cycles completed

- ☐ Currently planning or in process
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or greater

Number of IUI cycles completed

- ☐ Currently planning or in process
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or greater

What was the outcome of your fertility treatment? Select all that apply

- ☐ Pregnant
- ☐ Not pregnant
- ☐ Froze oocytes

- ☐ Froze embryos
- ☐ Cycle canceled
- ☐ Currently in cycle
- ☐ Other, please specify

What was your satisfaction with the process of IVF for infertility?

Highly dissatisfied		Neutral	Highly satisfied	
1	2	3	4	5
Comments				
<div></div>				

What was your satisfaction with the process of oocyte or embryo cryopreservation? (1 = highly dissatisfied, 5 = highly satisfied)

1	2	3	4	5
Comments				
<div></div>				

What was your satisfaction with the process of IUI? (1 = highly dissatisfied, 5 = highly satisfied)

1	2	3	4	5
Comments				
<div></div>				

What was your satisfaction with the numbers of eggs or embryos that you were able to cryopreserve or retrieve (per IVF cycle)? (1 = highly dissatisfied, 5 = highly satisfied)

1

2

3

4

5

Comments

Are/were you able to afford the infertility treatment you need(ed)? Select all that apply.

- ☐ No - unable to afford
- ☐ Yes, my salary was sufficient to support the costs
- ☐ My partner's salary helped to support the costs
- ☐ My parents/friends helped to support the costs
- ☐ My or partner's insurance helped to support the costs
- ☐ Other, please specify

What have been your **out-of-pocket** costs to date for infertility or fertility preservation?

- ☐ <\$1000
- ☐ \$1000-<\$5000
- ☐ \$5000-<\$10,0000
- ☐ \$10,000-<\$20,000
- ☐ >\$20,000

Did you get any discounts at the facility as a courtesy for being a resident or fellow?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Other, please specify

Did you have insurance coverage for oocyte or embryo cryopreservation?

- ☐ Yes
- ☐ Partial
- ☐ No

Did you have insurance coverage for IVF for infertility?

- ☐ Yes
- ☐ Partial
- ☐ No

Did you have insurance coverage for IUI?

- ☐ Yes
- ☐ Partial
- ☐ No

Do you plan to delay your childbearing because of the ability to perform oocyte or embryo cryopreservation?

- ☐ Yes, comments if applicable
- ☐ Maybe, comments if applicable
- ☐ No, comments if applicable

Section 4. Infertility during training

Did your colleagues and/or program know about your struggles with infertility or desire for fertility preservation?

- ☐ Yes (only colleagues)
- ☐ Yes (only program administration)
- ☐ Yes (both colleagues and program administration)
- ☐ No
- ☐ Other, please specify

Did you feel stigmatized by your colleagues and/or friends for having an issue with infertility or for desiring fertility preservation?

- ☐ Yes
- ☐ No
- ☐ Other

Were your residency program administrators supportive?

- ☐ Very supportive
- ☐ Somewhat supportive
- ☐ Minimally supportive
- ☐ Not supportive

☐ Not applicable (unaware of treatment)

☐ Other, please specify

Were your residency program colleagues supportive?

☐ Very supportive

☐ Somewhat supportive

☐ Minimally supportive

☐ Not supportive

☐ Not applicable (unaware of treatment)

☐ Other, please specify

Did your work schedule allow you to go through fertility treatment?

☐ Yes, with no difficulty

☐ Yes, with some difficulty

☐ Yes, with great difficulty

☐ No, it was not possible for me to make the appointments

☐ Not applicable, did not seek treatment or not treated during training

☐ Other, please specify

A trainee discount would help with the costs of undergoing assisted reproductive technologies in order to conceive.

☐ Strongly agree

☐ Somewhat agree

☐ Indifferent

☐ Somewhat disagree

☐ Strongly disagree

☐ No opinion

A trainee discount would help with the costs of undergoing fertility preservation (egg or embryo freezing).

☐ Strongly agree

☐ Somewhat agree

☐ Indifferent

☐ Somewhat disagree

☐ Strongly disagree

☐ No opinion

In your opinion, what is the biggest barrier to pursuing fertility treatments while in training?

- ☐ Time
- ☐ Money
- ☐ Lack of information
- ☐ Lack of partner
- ☐ Emotional reasons
- ☐ Geographical reasons (i.e. partner in different location)
- ☐ Other, please specify
- ☐ No opinion

Block 5

This is the end of the survey. Please add any additional comments on infertility, fertility preservation in training or any other topics addressed in this survey. Thank you so much for your participation!

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