

Conceiving Policy Design: Perspectives From Women Pursuing IVF in British Columbia

Conception de politiques : point de vue des femmes qui ont recours à la FIV en Colombie-Britannique

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APPENDIX A – Survey questionnaire

1. DO YOU CONSENT TO PARTICIPATE IN THIS SURVEY?*

- Yes No

2. WHICH OF THE FOLLOWING BEST DESCRIBES YOUR EXPERIENCE WITH IVF?*

- I am currently pursuing IVF I have not undergone IVF
 I have previously undergone IVF

3. WHICH OF THE FOLLOWING FACTORS, IF ANY, WERE REASONS FOR NOT UNDERGOING IVF? PLEASE SELECT ALL THAT APPLY.*

- Other fertility methods/treatments were pursued Health or medical reasons
 The costs were too high IVF was not offered in my city/region
 Other (please specify)
-
-
-

4. IF IVF WAS PUBLICLY FUNDED (I.E., PAID FOR BY THE GOVERNMENT), WOULD YOU HAVE UNDERGONE IVF?*

- Yes No

5. HOW MANY CYCLES OF IVF HAVE YOU UNDERGONE? *THIS INCLUDES ALL RETRIEVALS AND RELATED TRANSFERS. *

- 0, I have not completed any cycles as of yet 2 cycles
 1 cycle More than 2 cycles

6. HOW MANY EMBRYOS DID YOU HAVE TRANSFERRED?*

- | | |
|------------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> 3 embryos |
| <input type="checkbox"/> 1 embryo | <input type="checkbox"/> More than 3 embryos |
| <input type="checkbox"/> 2 embryos | <input type="checkbox"/> I don't know |

7. HOW MANY EMBRYOS DID YOU HAVE TRANSFERRED DURING YOUR FIRST CYCLE OF IVF?*

- | | |
|------------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> 3 embryos |
| <input type="checkbox"/> 1 embryo | <input type="checkbox"/> More than 3 embryos |
| <input type="checkbox"/> 2 embryos | <input type="checkbox"/> I don't know |

8. HOW MANY EMBRYOS DID YOU HAVE TRANSFERRED DURING YOUR SECOND CYCLE OF IVF?*

- | | |
|------------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> 3 embryos |
| <input type="checkbox"/> 1 embryo | <input type="checkbox"/> More than 3 embryos |
| <input type="checkbox"/> 2 embryos | <input type="checkbox"/> I don't know |

9. CONSIDERING ALL OF YOUR ATTEMPTED IVF CYCLES, WHAT WAS THE GREATEST NUMBER OF EMBRYOS TRANSFERRED DURING ONE CYCLE?

- | | |
|--|--|
| <input type="checkbox"/> None of my attempted cycles resulted in the transfer of any embryos | <input type="checkbox"/> 3 embryos |
| <input type="checkbox"/> 1 embryo | <input type="checkbox"/> More than 3 embryos |
| <input type="checkbox"/> 2 embryos | <input type="checkbox"/> I don't know |

10. HAVE YOU UNDERGONE ANY IVF CYCLES THAT HAVE RESULTED IN THE BIRTH OF ONE OR MORE BABIES?*

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

11. CONSIDERING YOUR MOST RECENT IVF CYCLE THAT RESULTED IN THE BIRTH OF ONE OR MORE CHILDREN, PLEASE INDICATE THE NUMBER OF BABIES BORN.

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Singleton | <input type="checkbox"/> Triplets |
| <input type="checkbox"/> Twins | <input type="checkbox"/> Quadruplets or more |

12. WHAT WAS OR WILL BE THE APPROXIMATE TOTAL COST TO YOU OR YOUR PARTNERSHIP IN UNDERGOING IVF?*

- | | |
|--|--|
| <input type="checkbox"/> Less than \$7,000 | <input type="checkbox"/> \$28,000–\$35,000 |
| <input type="checkbox"/> \$7,000–\$13,999 | <input type="checkbox"/> If more than \$35,000 please indicate the approximate total cost: |
| <input type="checkbox"/> \$14,000–\$20,999 | |
| <input type="checkbox"/> \$21,000–\$27,999 | |

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13. WHILE UNDERGOING IVF (EITHER CURRENTLY OR PREVIOUSLY), DID YOUR INSURANCE COVER THE COST OF IVF MEDICATIONS?

- No Yes, full coverage for IVF medication
 Yes, partial coverage for IVF medications

14. WHILE UNDERGOING IVF (EITHER CURRENTLY OR PREVIOUSLY), DID YOUR INSURANCE COVER THE COST OF THE IVF PROCEDURE?

- No Yes, full coverage for the IVF procedure
 Yes, partial coverage for the IVF procedure Please explain:
-
-
-

15. DID YOU EXPERIENCE OR ARE YOU EXPERIENCING ANY BARRIERS IN ACCESSING IVF? PLEASE SELECT ALL THAT APPLY AND WHERE COMFORTABLE, PLEASE DESCRIBE:

- Financial Cultural
 Emotional Workplace challenges
 Geographical I/we did not experience any barriers
 Health/Physical

16. IF IVF WAS PUBLICLY FUNDED (I.E., PAID FOR BY THE GOVERNMENT), WOULD YOU HAVE UNDERGONE ADDITIONAL CYCLES?*

- Yes I do not know
 No

17. WHAT IS YOUR AGE?*

- 18 to 19 years 35 to 39 years
 20 to 24 years 40 to 44 years
 25 to 29 years 45 to 49 years
 30 to 34 years 50 or older

18. WHAT IS YOUR COMBINED ANNUAL HOUSEHOLD INCOME?*

- Less than \$30,000 \$115,000–\$149,999
 \$30,000–\$59,999 \$150,000–\$199,999
 \$60,000–\$89,999 \$200,000 or more
 \$90,000–\$114,999

19. THINKING OF THE PERSON IN YOUR HOUSEHOLD WHO HAS COMPLETED THE HIGHEST LEVEL OF EDUCATION, WHAT LEVEL OF EDUCATION HAVE THEY COMPLETED?*

- | | |
|---|---|
| <input type="checkbox"/> High school or less | <input type="checkbox"/> Graduate degree |
| <input type="checkbox"/> College or trade diploma/certificate | <input type="checkbox"/> Doctorate degree |
| <input type="checkbox"/> Undergraduate degree | |

20. ARE YOU CURRENTLY EMPLOYED?*

- | | |
|---|-----------------------------|
| <input type="checkbox"/> Yes, full-time (30 or more hours per week) | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes, part-time (less than 30 hours per week) | |

21. WHICH OF THE FOLLOWING BEST DESCRIBES YOUR MARITAL STATUS WHILE UNDERGOING FERTILITY CONSULTATIONS/TREATMENTS?*

- | | |
|---|--|
| <input type="checkbox"/> Married | <input type="checkbox"/> Separated |
| <input type="checkbox"/> In a domestic partnership or living common-law | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Single, never married |

22. WHICH OF THE FOLLOWING BEST DESCRIBES YOUR PARTNERSHIP STATUS WHILE UNDERGOING FERTILITY CONSULTATIONS/TREATMENTS?*

- | | |
|--|--|
| <input type="checkbox"/> Single | <input type="checkbox"/> Male same-sex partnership |
| <input type="checkbox"/> Male-Female partnership | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Female same-sex partnership | |

23. YOU MAY BELONG TO ONE OR MORE RACIAL OR CULTURAL GROUPS ON THE FOLLOWING LIST. PLEASE SELECT ALL THAT APPLY. PLEASE NOTE THAT THE FOLLOWING SELECTIONS ARE BASED ON THE MOST RECENT STATISTICS CANADA GROUPINGS*

- | | |
|---|---|
| <input type="checkbox"/> Arab | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> South Asian | <input type="checkbox"/> West Asian |
| <input type="checkbox"/> Black | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Southeast Asian |
| <input type="checkbox"/> Indigenous (First Nations, Métis, Inuit) | <input type="checkbox"/> White |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Korean | |

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24. IN WHICH REGION OF THE PROVINCE DO YOU LIVE?*

- | | |
|---|--|
| <input type="checkbox"/> Vancouver Island/Coast | <input type="checkbox"/> Cariboo |
| <input type="checkbox"/> Lower Mainland/Southwest | <input type="checkbox"/> North Coast and Nechako |
| <input type="checkbox"/> Thompson-Okanagan | <input type="checkbox"/> Northeast |
| <input type="checkbox"/> Kootenay | |

25. HOW WOULD YOU CATEGORIZE YOUR COMMUNITY?*

- | | |
|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Rural | <input type="checkbox"/> Urban |
| <input type="checkbox"/> Suburban | |

26. IF YOU ACCESSED THIS SURVEY THROUGH YOUR FERTILITY CLINIC, PLEASE INDICATE THE CLINIC LOCATION.*

- | | |
|--|--|
| <input type="checkbox"/> I did not access this survey through a fertility clinic | <input type="checkbox"/> Okanagan |
| <input type="checkbox"/> Lower Mainland | <input type="checkbox"/> Northern British Columbia |
| <input type="checkbox"/> Vancouver Island | <input type="checkbox"/> Other (please specify) |
-
-
-

27. IF YOU OR YOUR PARTNER HAVE EXPERIENCED INFERTILITY, WHICH OF THE FOLLOWING BEST DESCRIBES IT?*

- | | |
|--|---|
| <input type="checkbox"/> I/we have not experienced infertility | one's partnership status. This can include individuals in same-sex partnerships or individuals who do not have a partner) |
| <input type="checkbox"/> Medical infertility (inability of a sexually active, non-contracepting couple to achieve pregnancy) | <input type="checkbox"/> Both medical and circumstantial infertility |
| <input type="checkbox"/> Circumstantial infertility (inability to achieve pregnancy due to factors associated with | <input type="checkbox"/> Other (please describe) |
-
-
-

28. SHOULD YOU WISH TO EXPAND ON ANY RESPONSES OR GENERAL THEMES AS THEY RELATE TO THIS SURVEY, PLEASE DO SO IN THE TEXT BOX BELOW. YOU ARE REMINDED TO PLEASE AVOID INCLUDING ANY IDENTIFYING PERSONAL INFORMATION.