

Data Collection Worksheet

Please Note: The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

FertiQoL International

Fertility Quality of Life Questionnaire (2008)

For each question, kindly check (tick the box) for the response that most closely reflects how you think and feel.

Relate your answers to your current thoughts and feelings. Some questions may relate to your private life, but they are necessary to adequately measure all aspects of your life.

Please complete the items marked with an asterisk (*) only if you have a partner.

For each question, check the response that is closest to your current thoughts and feelings.	Very Poor	Poor	Neither Good nor Poor	Good	Very Good
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A. How would you rate your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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For each question, check the response that is closest to your current thoughts and feelings	Very Dissatisfied	Dissatisfied	Neither Satisfied Nor Dissatisfied	Satisfied	Very Satisfied
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B. Are you satisfied with your quality of life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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For each question, check the response that is closest to your current thoughts and feelings	Completely	A Great Deal	Moderately	Not Much	Not At All
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Q1. Are your attention and concentration impaired by thoughts of infertility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Q2. Do you think you cannot move ahead with other life goals and plans because of fertility problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Q3. Do you feel drained or worn out because of fertility problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Q4. Do you feel able to cope with your fertility problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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For each question, check the response that is closest to your	Very Dissatisfied	Dissatisfied	Neither Satisfied Nor	Satisfied	Very Satisfied
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current thoughts and feelings				Dissatisfied		
Q5.	Are you satisfied with the support you receive from friends with regard to your fertility problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Q6.	Are you satisfied with your sexual relationship even though you have fertility problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For each question, check the response that is closest to your current thoughts and feelings		Always	Very Often	Quite Often	Seldom	Never
Q7.	Do your fertility problems cause feelings of jealousy and resentment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.	Do you experience grief and/or feelings of loss about not being able to have a child (or more children)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q9.	Do you fluctuate between hope and despair because of fertility problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q10.	Are you socially isolated because of fertility problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q11.	Are you and your partner affectionate with each other even though you have fertility problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q12.	Do your fertility problems interfere with your day-to-day work or obligations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q13.	Do you feel uncomfortable attending social situations like holidays and celebrations because of your fertility problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q14.	Do you feel your family can understand what you are going through?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For each question, check the response that is closest to your current thoughts and feelings		An Extreme Amount	Very Much	A Moderate Amount	A Little	Not At All
*Q15.	Have fertility problems strengthened your commitment to your partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q16.	Do you feel sad and depressed about your fertility problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q17.	Do your fertility problems make you inferior to people with children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q18.	Are you bothered by fatigue because of fertility problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Q19.	Have fertility problems had a negative impact on your relationship with your partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Q20.	Do you find it difficult to talk to your partner about your feelings related to infertility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Q21	Are you content with your relationship even though you have fertility problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q22.	Do you feel social pressure on you to have (or have more) children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q23.	Do your fertility problems make you angry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q24.	Do you feel pain and physical discomfort because of your fertility problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Optional Treatment Module

Have you started fertility treatment (this includes any medical consultation or intervention)? If Yes, then please respond to the following questions. For each question, kindly check (tick the box) for the response that most closely reflects how you think and feel. Relate your answers to your current thoughts and feelings. Some questions may relate to your private life, but they are necessary to adequately measure all aspects of your life.

For each question, check the response that is closest to your current thoughts and feelings		Always	Very Often	Quite Often	Seldom	Never
T1.	Does infertility treatment negatively affect your mood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T2.	Are the fertility medical services you would like available to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For each question, check the response that is closest to your current thoughts and feelings		An Extreme Amount	Very Much	A Moderate Amount	A Little	Not At All
T3.	How complicated is dealing with the procedure and/ or administration of medication for your infertility treatment(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T4.	Are you bothered by the effect of treatment on your daily or work related activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T5.	Do you feel the fertility staff understand what you are going through?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T6.	Are you bothered by the physical side effects of fertility medications and treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For each question, check the response that is closest to your current thoughts and feelings	Very Dissatisfied	Dissatisfied	Neither Satisfied Nor Dissatisfied	Satisfied	Very Satisfied
T7. Are you satisfied with the quality of services available to you to address your emotional needs?					
T8. How would you rate the surgery and/or medical treatment(s) you have received?					
T9. How would you rate the quality of information you received about medication, surgery and/or medical treatment?					
T10. Are you satisfied with your interactions with fertility medical staff?					

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Protocol source: <https://www.phenxtoolkit.org/protocols/view/880501>