UppStART:
Uppsala-Stockholm Assisted Reproductive Technique study
Web Questionnaire 2

It takes a few minutes and can provide enormous opportunities for research to improve conditions for IVF treatment.
www.ki.se/meb/uppstart
Ett samarbete mellan

Karolinska Institutet

UPPSALA UNIVERSITET

Fertilitetsenheten,
Huddinge sjukhus

EU - FP7-HEALTH-2010 collaborative project on Integrated research on Developmental determinants of Aging and Longevity

Strategiska forskningsprogrammet I Epidemiologi (Young Scholar Awards)

Vetenskapsrådet

Axel and Signe Lagermans Stiftelse
Thank you for participating in the UppSTART study and for that you have filled in the first online survey. The purpose of this online survey is to study whether, and if so how, your lifestyle habits have changed since you and/or your partner started treatment for infertility. At the end of the questionnaire is your opportunity to provide your own comments. It takes about 10-30 minutes to complete the survey (depending on your answers).

You respond by marking the answer you think is closest, or write your answers in the specified boxes. When you are finished with all the questions we ask you to submit your answers in the enclosed reply envelope.

You are welcome to call our research nurse Radja Dawoud on 08-524 8232 4 if there is anything you wonder about.

personnummer:

(ÅÅÅÅMMDDXXXX)

You are a:

☐ Man
☐ Woman
### H5 Please tick if you have or have had any of the following health problems and what year it started, and if you take any medication for it:

*More than 1 option can be chosen*

<table>
<thead>
<tr>
<th>Health Problem</th>
<th>Yes</th>
<th>No</th>
<th>Year</th>
<th>Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes Type I</td>
<td></td>
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<tr>
<td>Diabetes Type II</td>
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<tr>
<td>Gestational Diabetes</td>
<td></td>
<td></td>
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<tr>
<td>Heart disease</td>
<td></td>
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<tr>
<td>Cancer (continue to H7 for women, H8 for men)</td>
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<tr>
<td>High blood pressure / hypertension</td>
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<tr>
<td>Depression</td>
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<tr>
<td>Hyperthyroidism (overactive thyroid)</td>
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<tr>
<td>Hypothyroidism (underactive thyroid)</td>
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<tr>
<td>Allergies</td>
<td></td>
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<tr>
<td>Asthma (continue to H9)</td>
<td></td>
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<tr>
<td>Systemic lupus erythematosus, SLE</td>
<td></td>
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<tr>
<td>Inflammatory bowel disease (i.e. ulcerative colitis, Crohn’s disease,)</td>
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<tr>
<td>Cystic fibrosis</td>
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<tr>
<td>Chronic bronchitis</td>
<td></td>
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<tr>
<td>Kidney disease</td>
<td></td>
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<tr>
<td>Liver disease</td>
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<tr>
<td>Anemia</td>
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<tr>
<td>Pneumonia</td>
<td></td>
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<tr>
<td>Blood transfusions</td>
<td></td>
<td></td>
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<tr>
<td>Seizures (i.e. epileptic)</td>
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<tr>
<td>Chronic muscle pain / joint pain</td>
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<tr>
<td>Reflux, Heartburn</td>
<td></td>
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<tr>
<td>Disorders of the gallbladder</td>
<td></td>
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<tr>
<td>Headache (e.g. migraines)</td>
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<tr>
<td>Sweating at night and hot flashes</td>
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<tr>
<td>Appendicitis</td>
<td></td>
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<tr>
<td>Other, specify:____________</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No health problems</td>
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</tbody>
</table>
### Cancer: Woman

**H7** Please indicate which body part with cancer or cancer type you have: *(More than 1 option can be chosen)*

- Ovarian
- Cervical
- Uterine
- Airway/lung
- Breast
- Stomach
- Gallbladder
- Liver
- Esophagus
- Skin
- Bladder
- Oral cavity, pharynx
- Kidney (Wilm’s tumor)
- Cancer of the nervous system (e.g., brain)
- Leukemia
- Lymphoma and multiple myeloma
- Other, specify:

**H7a** Are you taking any medication or presently being treated for your cancer?  
- Yes
- No

**H7b** What is/are the medications you are taking regarding your cancer?

### Cancer: Man

**H8** Specify which body part with cancer or cancer type you have: *(More than 1 option can be chosen)*

- Testicular
- Penal
- Prostate
- Airway/lung
- Stomach
- Colon/rectal
- Oral cavity, pharynx
- Bladder
- Gall bladder
- Esophagus
- Liver
- Skin (melanoma and other types)
- Kidney (Wilm’s tumor)
- Cancer of the nervous system (e.g., brain)
- Leukemia
- Lymphoma and multiple myeloma
- Other, specify:

**H8a** Are you taking any medication or presently being treated for your cancer?  
- Yes
- No

**H8b** What is/are the medications you are taking regarding your cancer?

### Other Health Conditions

**H9** Has a doctor diagnosed you with asthma?  
- Yes
- No
- I don’t know
- No comment

**H9b** Do you have/have had hay fever or another allergic rhinitis?  
- Yes
- No
- I don’t know
- No comment
Has a doctor made the diagnosis of hayfever or other allergic rhinitis?
- Yes
- No
- I don’t know
- No comment

Do you feel that you have any of the following allergies? (More than 1 option can be chosen)
- Pollen
- Fur
- Mites
- Bee or wasp
- Contact allergy
- No, none of the above
- I don’t know
- No comment

Har du regelbundet tagit några värktabletter de senaste 3 månaderna?
- Alvedon, panodil
- Ipren, ibuprofen
- Voltaren, diclofenac
- Naproxen
- Citodon
- Treo, acetylsalisyra, trombyl
- Other, specify: (7)______________

Do you take any other medicine / drug currently?

Do the demands of work affect your personal life negatively?

Do the demands of your personal life affect your work negatively?

Do you have trouble getting sufficient time for both your work and personal life?
The next questions are about your experiences, feelings or thoughts then IVF treatment started. For each question, you must specify how often you have experienced, felt or thought a certain way. Some questions may seem similar but try to treat each issue separately. Answering why every question without any further consideration. Do not try to figure out how often you felt a certain way, try instead appreciate what seems to be the most reasonable for you according to the answer choices.

### H13 How often have you:

<table>
<thead>
<tr>
<th></th>
<th>No change since last</th>
<th>Never</th>
<th>Rarely</th>
<th>Quite often</th>
<th>Very often</th>
<th>I don't know/ no comment</th>
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<tbody>
<tr>
<td>Become upset about something that happened unexpectedly?</td>
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<tr>
<td>Felt that you had no control over the important factors in your life?</td>
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<tr>
<td>Felt nervous and stressed?</td>
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<tr>
<td>Felt that you could not handle everything that needs to be done?</td>
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<td>Become angry about things that have happened and that were beyond your control?</td>
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<td>Felt confident in your ability to handle your personal problems?</td>
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<td>Thought that things have developed that you wanted?</td>
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<tr>
<td>Felt that you had control of irritating moments in your life?</td>
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<tr>
<td>Felt that you had control over things?</td>
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</tbody>
</table>
Consider how you have felt since the IVF treatment started and answer the questions below concerning thoughts and feelings about your and your partner's infertility and childlessness.

Select an option on each line.

1 = Strongly Disagree  5 = Strongly agree

### COMP1 Consequences for you of the childlessness

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<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>My life has been affected significantly</td>
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<tr>
<td>My life has been complicated because of the fertility problem</td>
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<tr>
<td>Infertility means for me a great source of anxiety and stress.</td>
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</tbody>
</table>

What are the consequences of childlessness for your marriage / relationship?

<table>
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<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>Brought us closer</td>
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<tr>
<td>Strengthened our relationship</td>
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<tr>
<td>Caused crisis in our relationship</td>
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<tr>
<td>Caused thoughts of divorce</td>
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</tbody>
</table>

### COMP2 To what extent has the fertility problem negatively affected the following aspects of your life??

<table>
<thead>
<tr>
<th></th>
<th>Very much</th>
<th>Pretty much</th>
<th>A little</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>your marriage/partnership</td>
<td></td>
<td></td>
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<tr>
<td>Your sex life</td>
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<tr>
<td>Your relationship with your family</td>
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<tr>
<td>Your relationship with your partner's family</td>
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<tr>
<td>Your relationship with your friends</td>
<td></td>
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<tr>
<td>Your relationship with your colleagues</td>
<td></td>
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<tr>
<td>Your relationship with other peoples children</td>
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<tr>
<td>Your relationship with pregnant women</td>
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<tr>
<td>your physical health</td>
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<tr>
<td>Your mental health</td>
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</tbody>
</table>

### COMP3 I have sought investigations and treatment...

<table>
<thead>
<tr>
<th></th>
<th>Very important</th>
<th>Less important</th>
<th>Not important</th>
</tr>
</thead>
<tbody>
<tr>
<td>to find the cause of our childlessness</td>
<td></td>
<td></td>
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<tr>
<td>to get pregnant</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>to have (another) child</td>
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<tr>
<td>As a last resort to have children</td>
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<tr>
<td>for my own reason</td>
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<tr>
<td>for my husband's/partners reason</td>
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<td></td>
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<tr>
<td>because fertility treatment has worked</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, specify:</td>
<td></td>
<td></td>
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</tbody>
</table>

### COMP4 I wish that the staff at the fertility clinic..

<table>
<thead>
<tr>
<th></th>
<th>Very important</th>
<th>Less important</th>
<th>Not important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inform us on the results of our tests</td>
<td></td>
<td></td>
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<tr>
<td>informs us about the different treatment options relevant for us</td>
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<tr>
<td>informs us about the possibilities of adoption</td>
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<tr>
<td>asks us how we are feeling emotionally</td>
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<tr>
<td>shows us understanding</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>gives us written information about our treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
English translation June 2014

<table>
<thead>
<tr>
<th></th>
<th>Very important</th>
<th>Less important</th>
<th>Not important</th>
</tr>
</thead>
<tbody>
<tr>
<td>gives a pamphlet about the emotional consequences of childlessness</td>
<td></td>
<td></td>
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<tr>
<td>refers us to associations for childless people</td>
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</tr>
<tr>
<td>Other, specify:</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Some childless couples wishing to fertility clinic offered courses or support groups for involuntarily childless. Some couples would like to be featured conversations with a psychologist or sexologist

**COMP5 How important is it for you to...**

<table>
<thead>
<tr>
<th></th>
<th>Very important</th>
<th>Less important</th>
<th>Not important</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. participate in a course about childlessness</td>
<td></td>
<td></td>
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<tr>
<td>b. participate in a support group</td>
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<td></td>
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<tr>
<td>c. talk to a psychologist</td>
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<td></td>
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<tr>
<td>d. talk to a sexologist</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>e. other, specify:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COMP6 If I was offered one of the options above, I would...**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>Maybe</th>
<th>No</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. participate in a course about childlessness</td>
<td></td>
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<tr>
<td>b. participate in a support group</td>
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<tr>
<td>c. talk to a psychologist</td>
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<tr>
<td>d. talk to a sexologist</td>
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</tr>
<tr>
<td>e. other, specify:</td>
<td></td>
<td></td>
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</tbody>
</table>

The ability to handle the problem of infertility is individual. What do you do to manage the problem?

**COMP7 I...**

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>avoid being with pregnant women or children</td>
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<tr>
<td>leave when people are talking about pregnancies and children</td>
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<tr>
<td>try to keep my feelings to myself</td>
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<tr>
<td>turn to work or substitute activity to take my mind off things</td>
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<tr>
<td>think about the different ways to become parents (e.g. different treatment options, adoption, fostering)</td>
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<tr>
<td>Have a close relationship with other people’s children</td>
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<tr>
<td>take a break from trying to have (another) child</td>
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<tr>
<td>let my feelings out somehow</td>
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<tr>
<td>accept sympathy and understanding from someone</td>
<td></td>
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<tr>
<td>ask other childless people for advice</td>
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<tr>
<td>ask a relative or friend for advice</td>
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<tr>
<td>read or watch TV about childlessness</td>
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<tr>
<td>live a healthy life</td>
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<tr>
<td>use humour</td>
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</table>
Infertility - how open are you? The following questions are about how you converse with your partner and others about childlessness and of the infertility investigations and treatments you undergo.

**COMP9 Do you find it difficult to talk about you childlessness with your partner?**

- [ ] Yes, always
- [ ] Yes, sometimes
- [ ] No, never

<table>
<thead>
<tr>
<th>COMP8 I...</th>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>hope a miracle will happen</td>
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<tr>
<td>feel that the only thing I can do is to wait</td>
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<tr>
<td>try to forget the everything about the childlessness</td>
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<tr>
<td>have fantasies and wishes about how things might turn out</td>
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<tr>
<td>avoid to read or to hear about childlessness</td>
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<tr>
<td>have grown as a person in a good way</td>
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<tr>
<td>try to analyse the problem in order to understand it better</td>
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<tr>
<td>think about the fertility problem in a positive light</td>
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</tr>
<tr>
<td>find my marriage/partnership even more valuable now</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>find other life goals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pray (to God, for example)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>believe there is a meaning with our difficulties with having children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| COMP10 Do you talk to others about... | No, not to anyone | Yes, only to people I am close with | Yes, to most people I know |
|--------------------------------------|-------------------|-------------------------------|
| That you cannot have children? |                      |                               |
| The reason why you are childless? |                      |                               |
| Your fertility tests? |                      |                               |
| What kind of treatment you are trying? |                      |                               |
| Your feelings about being childless? |                      |                               |
| How tests and treatments affect you emotionally? |                      |                               |
**THESE QUESTIONS CONCERN YOUR HABITS SINCE YOUR IVF TREATMENT BEGAN**

**M1 How often do you eat or drink something at the following meals??**

**Breakfast**
- □ Every day
- □ Several times per week
- □ One time per week
- □ Rarely or never
- □ No change since IVF treatment started

**Lunch**
- □ Every day
- □ Several times per week
- □ One time per week
- □ Rarely or never
- □ No change since IVF treatment started

**Dinner**
- □ Every day
- □ Several times per week
- □ One time per week
- □ Rarely or never
- □ No change since IVF treatment started

**M2 How often do you eat snacks (or cakes/fikabröd)?**
- □ 4 times per day or more
- □ 3 times per day
- □ 1-2 times per day
- □ A few times per week
- □ Rarely or never
- □ No change since IVF treatment started
- □ I don’t know
- □ No comment

**M4 Enter the quantity and how often you drank the following beverages (coffee, tea and chocolate drink) on average since IVF treatment started.**

Select the cup size representing the amount you usually drink

**Coffee**
- □ about 1 dl
- □ about 2 dl
- □ about 3 dl
- □ I do not drink coffee

**Te**
- □ about 1 dl
- □ about 2 dl
- □ about 3 dl
- □ I do not drink tea

**Chokladdryck**
- □ about 1 dl
- □ about 2 dl
- □ about 3 dl
- □ I do not drink chokladdryck

- □ No change since IVF treatment began (Go to question M7)

**M4a Fill in either "per day" or "per a week" which ever best meets your intake.**

<table>
<thead>
<tr>
<th></th>
<th>Times per day</th>
<th>Times per week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Kaffe</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ 1</td>
<td></td>
<td>□ 1-2</td>
</tr>
<tr>
<td>□ 2</td>
<td></td>
<td>□ 3-4</td>
</tr>
<tr>
<td>□ 3</td>
<td></td>
<td>□ 5-6</td>
</tr>
<tr>
<td>□ 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ 5+</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **Te**         |               |                |
| □ 1            |               | □ 1-2          |
| □ 2            |               | □ 3-4          |
| □ 3            |               | □ 5-6          |
| □ 4            |               |                |
| □ 5+           |               |                |

| **Chokladdryck** |               |                |
| □ 1             |               | □ 1-2          |
| □ 2             |               | □ 3-4          |
| □ 3             |               | □ 5-6          |
| □ 4             |               |                |
| □ 5+            |               |                |
M5 If you have indicated that you drink coffee, what type of coffee do you drink most often?
(More than 1 option can be chosen)
☐ Drip coffee / brewed
☐ Automatic machine
☐ Espresso (including caffe latte, cappuccino, nespresso)
☐ Instant coffee (Nescafé)
☐ Boiled/ percolator/ coffee press
☐ Caffeine free / decaffeinated
☐ Other coffee
☐ I don’t know
☐ No comment

M5a What do you have in your coffee?
(More than 1 option can be chosen)
☐ A splash of milk or cream
☐ A lot of milk or cream (e.g. latte, café au lait)
☐ Sugar, syrup
☐ sweetener
☐ Nothing
☐ I don’t know
☐ No comment

M6 If you have indicated that you drink tea, what kind of tea do you drink most often?
(More than 1 option can be chosen)
☐ Black tea (t ex Earl Grey, Sun Tea, Yellow label)
☐ Green tea
☐ Red tea (rooibos)
☐ Herbal tea (such as chamomile)
☐ Other tea
☐ I don’t know
☐ No comment

M6a What do you have in your tea?
(More than 1 option can be chosen)
☐ Milk, cream
☐ Sugar, honey
☐ Sweetener
☐ Nothing
☐ I don’t know
☐ No comment

M7 For soda (not cola), cider, table drink and lemonade select the cup size that you usually drink:
☐ 33cl
☐ 50cl
☐ 1,5l
☐ Another amount: ________________
☐ I do not drink these types of beverages (Go to question M8)
☐ No change since IVF treatment started (Go to question M8)

M7a Fill in either "per day" or “per a week” for which best meets your intake of soda (not cola), cider, table drink and lemonade juice.

On average over the last 3 months

\[
\begin{array}{|c|c|c|}
\hline
\text{soda, cider, table drink and lemonade} / (Läsk, cider, måltids-dryck, saft) & \text{Times per day} & \text{Times per week} \\
\hline
\text{1} & \text{1-2} \\
\text{2} & \text{3-4} \\
\text{3} & \text{5-6} \\
\hline
\end{array}
\]

M8 If you drink cola drinks (eg Coca-Cola, Pepsi, etc.) fill in either "per day" or "per a week", whichever best meets your intake of cola drinks (eg Coca-Cola, Pepsi, etc.)..

On average over the last 3 months

\[
\begin{array}{|c|c|c|}
\hline
\text{Cola} & \text{Times per day} & \text{Times per week} \\
\hline
\text{1} & \text{1-2} \\
\text{2} & \text{3-4} \\
\text{3} & \text{5-6} \\
\hline
\end{array}
\]

☐ I do not drink cola (Continue to M9)
☐ No change since IVF treatment started (Continue to M9)
Sports Drinks: Select the size that is the amount you usually drink
- about 250 ml
- about 60 ml
- other, specify: ____________
- Never drink sports drink (Continue to M10)
- No change since IVF treatment started (Continue to M10)

M9a Fill in either "per day" or "per a week", that which best meets your intake.

On average over the last 3 months

<table>
<thead>
<tr>
<th></th>
<th>Times per day</th>
<th>Times per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sports Drink</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+</td>
<td>☐ 1-2 ☐ 3-4 ☐ 5-6</td>
</tr>
</tbody>
</table>

M10 M10 If you drink energy drinks, select the volume that you usually drink
- about 25 cl
- about 50 cl
- other, specify: ____________
- I never drink energy drinks (Continue to M11)
- No change since IVF treatment started (Continue to M11)

M10a Fill in either "per day" or "per a week", that which best meets your intake.

On average over the last 3 months

<table>
<thead>
<tr>
<th></th>
<th>Times per day</th>
<th>Times per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Energy Drink</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+</td>
<td>☐ 1-2 ☐ 3-4 ☐ 5-6</td>
</tr>
</tbody>
</table>

M11 How often do you eat chocolate?
Fill in either "per day" or "per a week", that which best meets your intake.

On average over the last 3 months

<table>
<thead>
<tr>
<th></th>
<th>Times per day</th>
<th>Times per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choklad</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+</td>
<td>☐ 1-2 ☐ 3-4 ☐ 5-6</td>
</tr>
</tbody>
</table>

M11a How much chocolate do you eat normally a time?
1 large chocolate bar corresponds to 200 g. 1 snickers or daim corresponds to 50 g. 1 praline equivalent to 10 g.
- Less than 25 g
- 25-49 g
- 50-99 g
- 100-199 g
- More than 200g
- I don’t know
- No comment

M11b Which of the following types of chocolate do you eat normally?
(More than 1 option can be chosen)
- Snickers, Daim, Japp and similar
- Milk chocolate
- Dark chocolate (about 70%)
- Dark chocolate (about 85%)
- White chocolate
- I don’t know/No comment

M12 Do you take vitamins, minerals or other supplements?
- Yes, regularly
- Yes, sometimes
- No (Continue to M13)
- No change since IVF treatment started (Continue to M13)
M12a For those supplements you have taken in the last 3 months, select from the list how often you take them.

*On average over the last 3 months*

<table>
<thead>
<tr>
<th>Supplement</th>
<th>Every day</th>
<th>A few times per week</th>
<th>A few times per month</th>
<th>In periods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multivitamins and minerals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Folic acid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iron</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A-vitamin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B-vitamin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-vitamin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D-vitamin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-vitamin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calcium</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zinc</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Magnesium</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin B-complex</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Beta-carotene

- Every day
- A few times per week
- A few times per month
- In periods

Q10

- Every day
- A few times per week
- A few times per month
- In periods

Antioxidanter (e.g Bio-Antioxidant or Antioxidant Plus)

- Every day
- A few times per week
- A few times per month
- In periods

Selenium

- Every day
- A few times per week
- A few times per month
- In periods

Other supplements. Specify:

- Every day
- A few times per week
- A few times per month
- In periods

**M12b Iron**

Enter the daily amount of iron in grams

_____________________________

**OR** Enter the weekly amount of iron in grams

_____________________________

**M12c Folic Acid**

Enter the daily amount of folic acid in grams

_____________________________

**OR** Enter the weekly amount of folic acid in grams

_____________________________

**M12d Zinc**

Enter the daily amount of zinc in grams

_____________________________
M13 Have you used any of the following products on a weekly basis since the IVF treatment began?

(Fler alternativ kan kryssas)

(More than 1 option can be chosen)

☐ Chinese herbs
☐ Peruvian "ginseng" capsules (such as maca, Lepidium meyenii)
☐ Royal jelly capsules
☐ Omega-3 (for example ACO Omega 3, Omega Max, Friggs Eskimo 3, Picasol)
☐ Ginkgo Biloba (for example Bio-Biloba, Ginkomax, Gink-Yo, Proginko, Seredrin)
☐ Echinacea (for example Echinagard, Echinaforce, Esberitox)
☐ Ginseng (for example Gericomplex, Ginsana)
☐ Kan Jang
☐ Chi San
☐ Rose root
☐ Valerian root (for example Valeriana forte, Valeriena)
☐ St John’s Wort (for example Esbericum, Movina, Neurokan)
☐ Lactobacilli
☐ Garlic products (for example Kwai, Kyolic)
☐ No, none of the above (Continue to M14)
☐ I don’t know
☐ No comment
☐ No change since IVF treatment started (Continue to M14)

M13a How often do you take the products you have ticked in question M13?

☐ Every day
☐ A few times per week
☐ A few times per month
☐ In periods

M14 Have you received any of the following treatments since IVF treatment began?

(More than 1 option can be chosen)

☐ Physiotherapy
☐ water aerobics
☐ professional massage
☐ chiropractic treatment
☐ Naprapathic therapy
☐ Acupuncture
☐ reflexology
☐ homeopathy, chinese medicine
☐ Anthroposophic medicine
☐ healing, crystal therapy
☐ No, none of the above (Go to Q)

M14a How often did you get the treatment you checked in question M14 since the IVF treatment began?

☐ A few times
☐ A few times per month
☐ A few times per week

Indicate for each treatment ticked above

FS1 Mark your average daily physical activity at work / during the daytime in the last 14 days:

☐ Sit / lie
☐ sit / stand
☐ sit / stand / walk partially
☐ stand / walk mostly
☐ hard labour
☐ No change since I last completed this survey
☐ No comment

FS2 Mark your average daily physical activity in your leisure time / in the evening in the last 14 days:

☐ sit / stand
☐ light activity (walking 30 min per day)
☐ moderate activity (cycling, cleaning up more than 30 minute per day)
*English translation June 2014*

- ☐ sports/cycling/physical labour more than 60 minutes per day
- ☐ No change since IVF treatment began
- ☐ no comment

**FS3 How much time (in hours) per week on average have you in the last 3 months dedicated to sports / exercise / sports / outdoor activities?**

- ☐ No change since IVF treatment began (Go to FS1)

<table>
<thead>
<tr>
<th>Category</th>
<th>0</th>
<th>0-1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 or more hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every day exercise (e.g. making beds, washing dishes, playing musical instruments, knitting/crochetting)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Light exercise (e.g. painting/wallpapering, easy walking, riding, golf, swimming, ping-pong)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strenuous exercise (e.g. jogging, dancing, tennis, scuba diving, skating, skiing)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hard training or competition (e.g. fast running more than 10 mintes, martial arts, orienteering, squash, rock climbing)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SÖMN

FS4 When do you usually get up and go to bed

vardag/arbetsdag

weekday/work days
I go to bed (turn off the light) at ______
And wake up at ______
weekend/ non-work day
I go to bed (turn off the light) at ______
And wake up at ______

FS4 How long do you sleep at night on a weekday / workday?
☐ No change since IVF treatment started
☐ Enter the number of hours _____________

FS5 FS5 How long do you sleep at night on a weekend day / non-work day??
☐ No change since IVF treatment started
☐ Enter the number of hours _____________

MOB1 Do you use a mobile phone at least one time per week since IVF treatment began?
☐ Yes
☐ No (Continue to R1)
☐ No change since IVF treatment started (Go to question R1)
☐ I don’t know
☐ No comment

MOB3 How much time per week, currently, do you use your cell phone to make calls with?
☐ Less than 5 minutes
☐ 5 to 29 minutes
☐ 30 to 59 minutes
☐ 1 to 3 hours
☐ 4 to 6 hours
☐ 6 hours or more

MOB4 If you keep your mobile phone on your person, mark which zone where you keep it closest. If you typically carry cell phone in a purse, select which part of the body your purse is held closest to.
☐ Zone 1
☐ Zone 2
☐ I do not carry my mobile phone near my body

The diagram is divided into zone 1L above the navel; and Zone 2: below the navel.
The following section applies your alcohol and tobacco habits since your IVF treatment began. If your tobacco habits have not changed since you last responded to the survey tick below the "no change since last time."

**R1 Have you smoked since your IVF treatment began?**
- Yes
- No (continue to SN1)
- No change since IVF treatment started (Go to SN1)
- I don’t know
- No comment

**R3 Estimate how much you smok on average per day since IVF treatment started?**
- Less than 1 cigarette per day
- 1-5 cigarettes per day
- 6-10 cigarettes per day
- 11-20 cigarettes per day
- More than 20 cigarettes per day
- I don’t know
- No comment

**SN1 Have you used snuff since your IVF treatment began?**
- Yes
- No (Continue to SN1)
- No change since IVF treatment started (Go to question ALK1)
- I don’t know
- No comment

**SN1 Har du snusat sedan din IVF behandling inleddes?**
- Ja
- Nej (Go to question ALK1)
- No change since IVF treatment started (Go to question ALK1)
- Vill ej svara

**SN2 How many cans per week?**
- Enter the number of cans

**ALK1 Select the alcoholic beverages you drank at least 1 time per week or per month, since your IVF treatment began:**
*(Fler alternativ kan kryssas)*
*(More than 1 option can be chosen)*
- Folköl (Class II, 2.25 – 3.5%)
- Starköl (Class III, more than 3.6%)
- Wine (Red or white)
- Fortified wine (eg sherry, port, madeira, vermouth, Campari, etc)
- Spirits / hard liquor
- I drink alcoholic beverages less than than 1 time per month or not at all
- I do not drink alcohol (Continue to HAR1)
- No change since IVF treatment started (Continue to HAR1)
- I don’t know
- No comment

**ALK2 How much of each beverage do you usually drink? Enter either the number of drinks per week or per month.**

<table>
<thead>
<tr>
<th></th>
<th>Per week</th>
<th>Per month</th>
<th>I don’t know</th>
<th>No comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Folköl (Class II, 2.25 – 3.5%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Starköl (Class III, more than 3.6%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wine (Red or white)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fortified wine (eg sherry, port, madeira, vermouth, Campari, etc)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spirits / hard liquor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I drink alcoholic beverages less than than 1 time per month or not at all</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HAR1 Have you coloured or highlighted your hair since your IVF treatment began?**
- Yes, I dye my hair
- Yes, I highlight my hair
- Yes, I both dye and highlight my hair
- No, neither (Continue to BAD1)
- No change since IVF treatment started (Continue to BAD1)
- I don’t know/No comment
HAR2 Did you use:
(More than 1 option can be chosen)
- Permanent colour
- Toner
- Henna
- Other, specify: ______________________

HAR5 What hair coloring products do you use?
(More than 1 option can be chosen)
- Loreal (for example Casting, Excellence Creme)
- Schwarzkopf (for example Soyanse, Brilliance, Essential colors, Country colors)
- Garnier (for example Nutrisse, Herba shine, Nordic essentials)
- Wella (for example Viva)
- Poly Palette
- Jane Mood
- Scandinavian Care
- Syoss
- Henna
- It’s the hair stylist’s choice
Other, specify: ______________________

HAR6 When did you colour your hair last?
- 1 month ago or less
- 2-4 months ago
- 5-12 months ago
- More than 1 year ago
- I don’t know
- No comment

BAD1 How often have you taken a sauna in the since IVF treatment began?
- 1 time per week
- 2-3 times per month
- 1 time per month
- Rarely
- Never
- No change since IVF treatment started
- I don’t know
- No comment

BAD2 How often did you take a hot bath during the last three months?
- 1 time per week
- 2-3 times per month
- 1 time per month
- Rarely
- Never
- No change since IVF treatment started
- I don’t know
- No comment

SOL1 How many times have you been sunbathing per week since your IVF treatment began?
- 1-5 times
- 6-15 times
- 16-30 times
- More than 30 times
- I do not go tanning (continue to last question)
- No change since IVF treatment started (continue to last question)
- I don’t know
- No comment

SOL2 How long did you tan each time?
- 5-15 minute
- 16-30 minute
- 30 minutes - 1 hour
- 1-3 hour
- More than 3 hours
AVS2 If you were to give an overall grade for the survey, based on easiness for the user, instructions and how the questions were asked, how would you rate the questionnaire? Enter your rating on a scale from 1 to 5 where 1 is worst and 5 is best.

Enter your rating on a scale from 1 to 5 where 1 is worst and 5 is best.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

User rating

AVS3 Did you receive assistance in filling out the questionnaire?

☐ Yes
☐ No

If you have received help to answer the questionnaire indicate who has helped you!

AVS4 If you have any other comments about the survey, please write them in the box below.

THANK YOU SO MUCH FOR YOUR PARTICIPATION!