

TTUHSC School of Medicine Department of Ob/Gyn Center for Fertility & Reproductive Surgery Lubbock, TX Assisted Reproductive Technologies Male Psychosocial Questionnaire Page 1 of 6	Patient Name: _____ Medical Record Number: _____ DOB: _____ Or visit label: _____
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DATE COMPLETED _____

MALE QUESTIONNAIRE

Each partner is to complete one questionnaire.

Please answer questions fully and accurately. All responses to this form are strictly CONFIDENTIAL.

I. Background Information

- Name: _____
1. Age: _____ 2. Religion: _____
3. Education: (Please indicate highest grade/degree completed.)

4. Occupation: _____

II. Marital History

5. Length of present marriage (years): _____
6. Number of prior marriages: _____
7. Did previous marriage(s) end because of infertility? Yes _____
 No _____
- | | | | | | |
|--------------|-------|-------|---------|-------|---------|
| 8. Children: | Age | Sex | Natural | Step | Adopted |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
9. Have you ever had psychotherapy or counseling? Yes _____
 No _____
10. If yes, what was the reason? _____

III. Infertility

11. How long have you and your partner tried to achieve pregnancy? _____(years)

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20. How do you rate your chances for success with ART treatment?

- Very low (0-20%) Low (21-40%)
 Moderate (41-60%) Good (61-80%)
 Extremely good (81-100%)

21. How do you expect that you will cope if ART is not successful?

- Not very well Very well
 0 1 2 3 4 5 6

22. What do you see yourself doing if ART is not successful?

23. Do you consider alternatives to pregnancy? (Check all that apply.)

- Adoption Surrogate Foster care
 Having no children
 Do not consider any other alternatives
 Other (please describe)

24. What is your current situation in regard to adoption?

- Thinking about adoption
 Have applied to adopt
 Have already adopted
 Have not considered adoption

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SELF RATINGS:

	Rate How You See Yourself at the Present Time in Terms of the following:					Indicate How Infertility has Influenced the Following:		
	Poor 1	Fair 2	Average 3	Good 4	Excellent 5	Decreased 1	Increased 2	No Change 3
1. Communication with your partner	1	2	3	4	5	1	2	3
2. Sense of closeness with your partner	1	2	3	4	5	1	2	3
3. Sensitivity to your partner's feelings	1	2	3	4	5	1	2	3
4. Marital commitment	1	2	3	4	5	1	2	3
5. Marital satisfaction	1	2	3	4	5	1	2	3
6. Sexual interest	1	2	3	4	5	1	2	3
7. Sexual satisfaction	1	2	3	4	5	1	2	3

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	Poor	Fair	Average	Good	Excellent	Decreased	Increased	No Change
	1	2	3	4	5	1	2	3
8. Relationships with family and friends	1	2	3	4	5	1	2	3
9. Job effectiveness and satisfaction	1	2	3	4	5	1	2	3

Indicate how infertility has influenced you in the following areas:

	Not at All	Infrequently	Sometimes	Frequently	Constantly
	1	2	3	4	5
1. I avoid family and friends.	1	2	3	4	5
2. I think about our infertility.	1	2	3	4	5
3. I feel I will do anything in order to have a child.	1	2	3	4	5
4. I feel that having an infertility problem is one of the hardest things I have had to face.	1	2	3	4	5
5. When /my wife starts a period, I feel like a failure.	1	2	3	4	5

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	Not at All	Infrequently	Sometimes	Frequently	Constantly
	1	2	3	4	5
6. I feel that having a child is the major focus of my life.	1	2	3	4	5
7. I feel pressure from others to have children.	1	2	3	4	5
8. I feel guilty when I think of stopping treatment.	1	2	3	4	5
9. I feel that my role as a man/woman would be incomplete if we could not have a child, or the number of children we would like.	1	2	3	4	5