

TTUHSC School of Medicine Department of Ob/Gyn Center for Fertility & Reproductive Surgery Lubbock, TX Assisted Reproductive Technologies Female Psychosocial Questionnaire Page 3 of 6	Patient Name: Medical Record Number: DOB: Or visit label:
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18. How stressful for you do you think ART treatment will be?
- Not at all stressful Very stressful
 0 1 2 3 4 5 6
19. What aspects of ART treatment do you anticipate to be the most stressful?
- _____
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

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	Not at All	Infrequently	Sometimes	Frequently	Constantly
5. When I/my wife starts a period, I feel like a failure.	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