

## Appendix 1 (as supplied by the authors): Baseline demographic questionnaire

Pre-Focus Group Data Collection

Participant # \_\_\_\_\_

|   |                          |
|---|--------------------------|
| Demographics  |                          |
| What is your age (years and months)   |                          |
| Which region of the province do you live in?  |                          |
| What is your ethnicity?   |                          |
| What is your relationship status?   |                          |
| What was your total household income before taxes during the past 12 months? Select one:  |                          |
| € Less than \$25,000  | € \$75,000 to \$99,999   |
| € \$25,000 to \$34,999  | € \$100,000 to \$149,999 |
| € \$35,000 to \$49,999  | € \$150,000 to \$199,999 |
| € \$50,000 to \$74,999  | € \$200,000 or more      |
| Fertility History   |                          |
| Number of children at home  |                          |
| Number of previous pregnancies including miscarriages, therapeutic abortions and live births  |                          |
| Number of living biologic children  |                          |
|   |                          |
| Fertility Treatment History   |                          |
| Current IVF Status (ie. Waiting for funding or already received funded cycle)   |                          |
| If already received funded cycle, have you transferred any embryos? Did this result in any pregnancies (chemical, clinical, or live births) |                          |
| Prior to Ontario Fertility Program funding, what fertility treatments have you pursued, and what was the outcome?                           |                          |
|   |                          |
|   |                          |

|   |  |
|---|--|
| Timed intercourse                                   |  |
| Intrauterine insemination (IUI)                     |  |
| In vitro fertilization (IVF)                        |  |
| Intracytoplasmic sperm injection (ICSI)             |  |
| How many years have you been trying to have a baby? |  |
| What is the cause of your infertility?              |  |