

## SUPPLEMENTAL APPENDIX A

By completing this survey, you are participating in a research project. This research project is titled "Medical Student Perspective on Fertility" and has been approved as an exempt study by the Indiana University Institutional Review Board (IU IRB: 12402). The study team consists of the Principal Investigator, Dr. Julianne Stout (Email [julstout@iu.edu](mailto:julstout@iu.edu)), Claire Marks (MS3, email: [clamarks@iu.edu](mailto:clamarks@iu.edu)), and Priyanka Prasad (MS2, email: [pkprasad@iu.edu](mailto:pkprasad@iu.edu)). The study aims to examine the knowledge, attitudes, and opinions of medical students in various stages of training on fertility and fertility care.

The survey does not ask for identifying data such as your name or date of birth, so your identifiable information will not be attached to the analyzed data in any way. Participating in the study will not result in direct benefit to you, but may increase knowledge about ways to improve medical education and personal family building information for medical trainees.

The risks to you are minimal, and no greater than those you would encounter during a routine online class or game. You do not have to answer all of the survey questions to participate, and you can withdraw your participation at any time by not completing the survey after you started. You do not have to participate in this research project. If you agree to participate, you may withdraw your participation at any time without penalty. Whether you participate in the survey or not will have no bearing on any current or future classes or clerkships you take at Indiana University. If you have questions about this study at any time, please email the Principal Investigator, Dr. Julianne Stout at [julstout@iu.edu](mailto:julstout@iu.edu), Claire Marks [clamarks@iu.edu](mailto:clamarks@iu.edu), or Priyanka Prasad [pkprasad@iu.edu](mailto:pkprasad@iu.edu).

Some of the following questions will be used to assess your current knowledge as is relating to fertility. It is not expected that you know all or any of the answers, so if you come across something you don't know, just make your best educated selection without worry! We don't expect a high level of comfort in knowledge about the material.

1. The medical definition of infertility is "the inability to get pregnant (conceive) after \_\_\_\_ of unprotected sex"
  - a. 2 months
  - b. 6 months
  - c. 9 months
  - d. 12 months\*
2. This definition changes depending on the age of the woman. T\* / F
3. At what age is there a slight decrease in women's ability to become pregnant† (Yu)
  - a. 15-24
  - b. 25-29\*
  - c. 30-34\*
  - d. 35-59
4. At what age is there a marked decrease in women's ability to become pregnant? (*Lampic*)
  - a. 25-34
  - b. 35-39
  - c. 40-44
  - d. 45-59
5. What is the average chance that a heterosexual couple having unprotected sex during the female's ovulation window will get pregnant each month?
  - a. 10%
  - b. 25%
  - c. 50%
  - d. 99%
6. The likelihood of spontaneous conception per month at age 30 is approximately \_\_\_\_ but decreases to approximately \_\_\_\_ per month at age 40.
  - a. 80%...60%
  - b. 60%...20%
  - c. 20%...10%
7. Oocyte cryopreservation is considered to be an experimental procedure: T / F (*Will*)
8. What is the overall chance, on average, that a couple who undergoes treatment with in vitro fertilization (IVF) will have a child after one treatment? (*Lampic*)
  - a. 0-19%
  - b. 20-29%
  - c. 30-49%
  - d. 50-59%
  - e. 60-79%
  - f. 80-89%
  - g. 90-100%
9. Non-permanent birth control (i.e. anything but tubal ligation, other surgical sterilization) is damaging to a woman's fertility. T / F
10. Cryopreservation (freezing of gametes/embryos) is only for people who have tried and been unable to become pregnant. T / F
11. Physicians have increased rates of infertility compared to the general population T / F
12. Once a person has become pregnant and had a child, they will not have problems having another child. T / F
13. The fertility of a parent directly correlates to the fertility of their child (i.e. my mom was fertile, therefore I will not have problems with infertility). T / F
14. In your opinion, what might be advantages of delayed childbearing/family building? (open ended)
15. I am interested in having (more) biological children.
16. Having a partner with whom I can share the responsibility of parenthood is important to me. (*Lampic*)
17. I worry about my own/my partner's fertility.
18. I worry about having a child during medical education and/or training.
19. I/my partner have delayed or are planning to delay having children due to medical education and/or training. (*mod Will*)

20. Physicians should be knowledgeable about fertility to guide patient care in all specialties.
21. Cryopreservation is too expensive for me, even if I am concerned about my own fertility. (*mod Will*)
22. It is important to learn about challenges regarding physician infertility as soon as possible so I can think about options for childbearing.
23. I am knowledgeable about male and female factors that contribute to fertility problems.
24. I am knowledgeable about the options available for myself and/or patients should someone struggle with infertility.
25. I feel comfortable talking about and explaining fertility to patients.
26. Fertility has no impact on me because my partner is not a physician, in medical training, or in the medical field.
27. Fertility issues are not important for male medical trainees to learn about.
28. Fertility is not something I am concerned about for myself.
29. I am comfortable talking to my partner about fertility.
30. I am comfortable talking to close friends/family about my fertility.
31. I am comfortable talking to anyone about my fertility.
32. If there are lifestyle or other factors I can know for myself or my patients that improve fertility, I want to know/learn about them so I can implement them personally or counsel patients on them.
33. I feel supported by my institution to meet my personal needs when it comes to family building/planning (I.e. I feel comfortable asking for parental leave without facing repercussions, etc).
34. My choice in specialty is heavily dependent on my family building/planning goals (I.e. I know I want to have a family, therefore I do not plan to choose a historically family unfriendly specialty, even though I am interested in that specialty).
35. Should I/my partner experience infertility, I would be interested in using adoption to build my family. (*Lampic*)
36. I am interested in building my family with adoption regardless of the state of my/my partner's fertility.
37. I do not feel comfortable using cryopreservation of embryos for personal/moral reasons, regardless of my fertility status. (*mod from Lampic*)
38. Should I/my partner experience infertility, I/we would prefer to stay childless. (*Lampic*)
39. I would be comfortable using donated eggs/sperm/embryos to build my family.
40. Fertility education in the preclinical curriculum would be beneficial so that I can help patients understand their own fertility.
41. If fertility education were in the curriculum, I would prefer to receive it as:
  - a. An optional Canvas course or module where I can access content related to fertility
  - b. Panel during course on topic
  - c. School sponsored SIG event
  - d. Lecture in course
  - e. Small group in course
  - f. External resource offered/introduced through IUSM (I.e. online modules)
  - g. Something else: \_\_\_\_\_
42. I would prefer this material be (rank order of preference)
  - a. Optional
  - b. Required, but not on course testing
  - c. Required
  - d. No Preference
43. Having background knowledge on fertility would help me be more successful in my OB/GYN clerkship.
44. Course content on fertility is not important.
45. Fertility is not covered by USMLE Step exams, so I do not need to know about it or learn about it in Phase 1.
46. Learning about fertility will help me make personal and professional decisions for myself.
47. Age:
48. Sex:
  - a. Female
  - b. Male
  - c. Nonbinary / third gender
  - d. Prefer not to say
  - e. Prefer to self describe \_\_\_\_\_
49. How do you describe your sexual orientation?
  - a. Bixsexual
  - b. Gay or Lesbian
  - c. Heterosexual
  - d. Prefer to self-describe \_\_\_\_\_
50. Racial/Ethnic Background (select all that apply):
  - a. White
  - b. Black
  - c. Asian or Pacific Islander
  - d. Hispanic/Latino
  - e. Middle Eastern
  - f. Prefer to self describe
51. Current Relationship Status:
  - a. Single/Never Married
  - b. Committed Relationship
  - c. Married
  - d. Separated
  - e. Widowed
  - f. Prefer to self describe:
52. Religious Affiliation
  - a. Christianity
  - b. Judaism
  - c. Islam
  - d. Hinduism
  - e. Buddhism
  - f. Prefer to self describe:
53. Medical School Year (choose all that apply):
  - a. M1
  - b. M2
  - c. M3

- d. M4
  - e. Combined Degree (I.e. MD/PhD, MD/MBA, etc)
  - 54. Geographic Location Where Grew Up:
    - a. West
    - b. Midwest
    - c. Northeast
    - d. South
    - e. International
    - f. Other
  - 55. Intended specialty:
    - a. Family Med
    - b. Peds
    - c. IM
    - d. Surgery
    - e. Psych
    - f. OBGYN
    - g. Neurology
    - h. Surgical Subspecialty (Ortho, Ophtho, ENT, urology, etc.)
    - i. Radiology
    - j. Emergency Med
    - k. Undecided
    - l. Prefer to write in (open ended)
  - 56. Select all preclinical courses taken/currently taking:
    - a. HS
    - b. MCT
    - c. FCP 1
    - d. FCP 2
    - e. FHD
    - f. HD
    - g. Neuro
    - h. Cardio/heme
    - i. Renal/resp
    - j. GI/Nutrition
    - k. ERMD
  - 57. Select all clerkships completed/currently in:
    - a. Family Med
    - b. Neurology
    - c. OBGYN
    - d. Anesthesia
    - e. Psych
    - f. Surgery
    - g. Peds
    - h. IM
    - i. Radiology
    - j. Emergency Med
    - k. Sub-Internship
    - l. None
  - 58. Are you currently a parent, pregnant, or is your partner pregnant?
    - a. Yes
    - b. No
  - 59. (if yes to 58) If you are currently a parent, how many children do you have?
  - 60. (if yes to 58) At what age did you have your first child? (*Lampic*)
    - a. 22 years or earlier
    - b. 23-24 years
    - c. 25-29 years
    - d. 30-34 years
    - e. 35-39 years
    - f. 40 years or older
  - 61. (if no to 58) At what age would you like to have your first child? (*Lampic*)
    - a. Above +
    - b. No preference
    - c. Not applicable
  - 62. At what age would you like to have your last child? (*Lampic*)
    - a. 24 years or earlier
    - b. 25-29 years
    - c. 35-39 years
    - d. 40-44 years
    - e. 45-50 years
    - f. 50 or older
    - g. No preference
    - h. Not applicable – I am done having children
    - i. Not applicable – other reason
  - 63. Are you planning on having children during medical training? (select all that apply)
    - a. Yes, during medical school
    - b. Yes, during residency
    - c. No
    - d. Unsure
- Key:
- \* indicates the correct answer to the knowledge questions
- † this question accepted both B & C as correct due to the slight decrease in fertility spanning both these age ranges
- Reference:
- Lampic
- Will
- Yu