Fertility Q2 for Youth (FQ2-Y)

1) Have you inquired about sperm-banking or egg preservation with any clinic specializing with fertility (i.e. calling or visiting a fertility clinic, visiting a website of a fertility clinic)?
   a) Yes
   b) No

2) Have you provided samples for sperm-banking or egg preservation?
   a) Yes
   b) No

3) If you are intending to pursue sperm-banking or egg preservation, do you intend to carry your child yourself? Or would you prefer to have a biological child by other means (i.e. partner carries child, surrogate)
   a. Yes, I would like to carry my child
   b. No, I would not like to carry my child
   c. Not sure
   d. Not applicable

   Please specify your ideal way to have biological children:
   ________________________________________________________________
   ________________________________________________________________

4) Sperm-banking and egg preservation can be expensive. Is this the main reason why you are not intending to pursue this?
   a. Yes
   b. No
   c. I am intending to pursue sperm-banking or egg preservation

5) Did any professional speak to you about the risks to your fertility (i.e. difficulties in having biological offspring) because of the medications you are/will be on?
   a. Yes
   b. No
   c. Not sure

6) Did any professional speak to you about family planning (i.e. the different ways that you can have children: adoption, surrogacy, co-parenting)?
   a. Yes
   b. No
   c. Not sure

7) Do you feel like you received enough time to talk about fertility and/or family planning with the professionals providing care for you?
   a. Yes
   b. No
   c. Not sure
8) Is there anything else you would like us to know?

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