Fertility Questionnaire (FQ2-P)

1) Do you feel your child received enough time to talk about fertility and/or family planning with the professionals providing care for your child?
   a. Yes
   b. No
   c. Not sure

2) Do you feel you received enough time to talk about fertility and/or family planning of your child with the professionals providing care for your child?
   a. Yes
   b. No
   c. Not sure

3) Have you or your child inquired about sperm-banking or egg preservation for your child 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

4) Do/did you want your child to provide samples for sperm-banking or egg preservation?
   a. Yes
   b. No
   c. Not sure

5) Has your child provided samples for sperm-banking or egg preservation?
   a. Yes
   b. No

6) If your child did not give samples, why did your child not sperm-bank or preserve eggs?

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