

FertiQoL International

Fertility Quality of Life Questionnaire (2008)

For each question, kindly check (tick the box) for the response that most closely reflects how you think and feel. Relate your answers to your current thoughts and feelings. Some questions may relate to your private life, but they are necessary to adequately measure all aspects of your life.

Please complete the items marked with an asterisk (*) only if you have a partner.

For each question, check the response that is closest to your current thoughts and feelings		Very Poor	Poor	Neither Good nor Poor	Good	Very Good
A	How would you rate your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For each question, check the response that is closest to your current thoughts and feelings		Very Dissatisfied	Dissatisfied	Neither Satisfied Nor Dissatisfied	Satisfied	Very Satisfied
B	Are you satisfied with your quality of life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For each question, check the response that is closest to your current thoughts and feelings		Completely	A Great Deal	Moderately	Not Much	Not At All
Q1	Are your attention and concentration impaired by thoughts of infertility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q2	Do you think you cannot move ahead with other life goals and plans because of fertility problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q3	Do you feel drained or worn out because of fertility problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4	Do you feel able to cope with your fertility problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For each question, check the response that is closest to your current thoughts and feelings		Very Dissatisfied	Dissatisfied	Neither Satisfied Nor Dissatisfied	Satisfied	Very Satisfied
Q5	Are you satisfied with the support you receive from friends with regard to your fertility problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Q6	Are you satisfied with your sexual relationship even though you have fertility problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For each question, check the response that is closest to your current thoughts and feelings		Always	Very Often	Quite Often	Seldom	Never
Q7	Do your fertility problems cause feelings of jealousy and resentment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8	Do you experience grief and/or feelings of loss about not being able to have a child (or more children)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q9	Do you fluctuate between hope and despair because of fertility problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q10	Are you socially isolated because of fertility problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Q11	Are you and your partner affectionate with each other even though you have fertility problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q12	Do your fertility problems interfere with your day-to-day work or obligations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q13	Do you feel uncomfortable attending social situations like holidays and celebrations because of your fertility problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q14	Do you feel your family can understand what you are going through?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For each question, check the response that is closest to your current thoughts and feelings		An Extreme Amount	Very Much	A Moderate Amount	A Little	Not At All
*Q15	Have fertility problems strengthened your commitment to your partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q16	Do you feel sad and depressed about your fertility problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q17	Do your fertility problems make you inferior to people with children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q18	Are you bothered by fatigue because of fertility problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Q19	Have fertility problems had a negative impact on your relationship with your partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Q20	Do you find it difficult to talk to your partner about your feelings related to infertility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Q21	Are you content with your relationship even though you have fertility problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q22	Do you feel social pressure on you to have (or have more) children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q23	Do your fertility problems make you angry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q24	Do you feel pain and physical discomfort because of your fertility problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Optional Treatment Module

Have you started fertility treatment (this includes any medical consultation or intervention)? If Yes, then please respond to the following questions. For each question, kindly check (tick the box) for the response that most closely reflects how you think and feel. Relate your answers to your current thoughts and feelings. Some questions may relate to your private life, but they are necessary to adequately measure all aspects of your life.

For each question, check the response that is closest to your current thoughts and feelings		Always	Very Often	Quite often	Seldom	Never
T1	Does infertility treatment negatively affect your mood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T2	Are the fertility medical services you would like available to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For each question, check the response that is closest to your current thoughts and feelings		An Extreme Amount	Very Much	A Moderate Amount	A Little	Not At All
T3	How complicated is dealing with the procedure and/ or administration of medication for your infertility treatment(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T4	Are you bothered by the effect of treatment on your daily or work-related activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T5	Do you feel the fertility staff understand what you are going through?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T6	Are you bothered by the physical side effects of fertility medications and treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For each question, check the response that is closest to your current thoughts and feelings		Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
T7	Are you satisfied with the quality of services available to you to address your emotional needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T8	How would you rate the surgery and/or medical treatment(s) you have received?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T9	How would you rate the quality of information you received about medication, surgery and/or medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T10	Are you satisfied with your interactions with fertility medical staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

