



Patient Name: _____

Date: _____

Struggling with fertility can impact all areas of your life. Please complete this survey so that we can best meet your needs.

How long have you been trying to conceive?

___ < 1 year

___ 1-2 years

___ 2 years or more

Who can you count on to talk to when you're feeling upset about fertility?

___ 3 or more people

___ 1-2 people

___ no one

Have you experienced any pregnancy loss?

___ No

___ Yes

Has infertility effected your relationship or feelings about your partner or spouse?

___ No

___ Yes

Has infertility effected your relationship or feelings about your family?

___ No

___ Yes

Has infertility effected your relationship with your friends?

___ No

___ Yes

Has infertility effected your relationship with your work or career?

___ No

___ Yes

What areas of your life are at times impacted by your fertility struggles? (please indicate severity)

	No effect				strongly effected
Confidence	0	1	2	3	4
Sleeping	0	1	2	3	4
Weight	0	1	2	3	4
Finances	0	1	2	3	4
Isolation	0	1	2	3	4
Faith	0	1	2	3	4
Mood changes					
- anxious feelings	0	1	2	3	4
- anger	0	1	2	3	4
- irritability	0	1	2	3	4
- sadness	0	1	2	3	4
- guilt	0	1	2	3	4
-hopeless	0	1	2	3	4