

IVF Follow Up Questionnaire

GENERAL QUESTIONS	RESPONSE						
1. How many IVF cycles have you undergone?	Own eggs: Donor eggs:						
2. How many frozen embryo transfers (FETs) have you undergone?							
3. When did each cycle (using fresh or frozen embryos) take place?	(Mo/Yr) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1.</td> <td style="width: 50%;">2.</td> </tr> <tr> <td>3.</td> <td>4.</td> </tr> <tr> <td>5.</td> <td>6.</td> </tr> </table>	1.	2.	3.	4.	5.	6.
1.	2.						
3.	4.						
5.	6.						
4. Outcomes in each cycle:	1. 2. 3. 4.						

Questions pertaining to your most recent fresh IVF attempt

GENERAL QUESTIONS	RESPONSE
1. When did you undergo your most recent IVF?	(Month/Year)
2. Did you use oral contraceptive pills prior to cycle?	
3. Did you use (Lupron) (long/short) or Antagonists (Ganarelex/Cetroride)?	
4. How many International Units of gonadotropins (e.g., Follistim, Gonal F, Menopur) were injected on the 1st, 2nd, and 3rd day of the cycle treatment?	IU/day 1: IU/day 2: IU/day 3:
5. How many follicles were observed by ultrasound examination?	
6. What was the peak plasma E2 level on the day of HCG?	
7. What was the peak endometrial thickness?	mm
8. How many eggs were harvested?	
9. Was ICSI used to fertilize the eggs?	
10. How many embryos were produced?	
11. Were embryos transferred on day 3 or day 5 of culture?	
12. How many embryos were transferred at ET?	
13. What was the quality (i.e. cell/grade) of each transferred embryo?	1. 2. 3. 4.
14. Were any embryos frozen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Do you have any frozen embryos left?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Did you have any immunotherapy? If so, what?	
17. Did you have hyperstimulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No