Obstetrics & Gynecology Science

Reeta Mahey, et al. Oncofertility awareness among females

Appendix 1. Questionnaire

Name	Age	UHID No.		
Phone number:	Family size			
Referred from				
Marital status at the time of diagnosis: married/unmarried				
Type of cancer:				
Fertility status at the time of diagnosis (No. of abortions/living children):				
Education:	ncome:			
Profession: S	ocioeconomic status:			
Q1. What was your age at the time of your cancer diagnosis?				
Q2. Do you intend to have more children? Yes/no/not yet decided				
Q3. Do you have any idea that cancer will affect your future fertility? Yes/no				
Q4. Of these, what type of treatment a. Surgery b. Chemotherapy	t have you received/are planning to re c. Radiotherapy d. Combina			

- Q5. Are you aware of the gonadotoxic effect of chemotherapy/radiotherapy on future fertility and ovarian function? Yes/no/ don't know
- Q6. Were you given proper FP options information before going for gonadotoxic treatment? Yes/no/don't know

Q7. What is/was the reason for not opting for FP before treatment?

Did not have information	Financial reason	Lack of family support	Was not informed by physician
Did not want to delay my	Risk of transmission of	Already had desired children	Any other
cancer treatment	cancer to the future child	at that time	

Q8. Are you aware of available FP options for you? Yes/no

Oocyte cryopreservation	Embryo cryopreservation	Ovarian cortex preservation
Shield from radiation field	GnRHa suppression	Ovarian transposition