

Appendix B

Survey Instrument: Physician Practice

QUESTIONNAIRE: _____ [1-51]

NATIONAL INFERTILITY SURVEY 6-1

PLEASE READ THE QUESTION AND MARK THE SPACE BELOW THE QUESTION THAT MOST NEARLY CORRESPONDS TO YOUR ANSWER. AFTER EACH ANSWER CONTINUE WITH THE NEXT QUESTION UNLESS THERE IS AN INSTRUCTION TO SKIP TO A PARTICULAR QUESTION. EVERYONE SHOULD ANSWER THE QUESTIONS ON PAGES 16 AND 17

1a As part of your practice, would you provide infertility services or treatment for Infertility?

----- No. — - 1 (SKIP TO Q.2a) [71]
 Yes. - 2

1b. In the past twelve months, approximately how many patients have you treated for infertility problems?
 _____ Number treated [0-10]

1c. Which of the following types of infertility therapies would you perform as part of your practice?

	No	Yes	
Fertility drug therapy.	— - 1	— -2	[11]
Surgical therapy.	— 1	— -2	[12]
In vitro fertilization/embryo transfer.	— 1	— -2	[13]
Gamete intrafallopian transfer.	— - 1	— -2	[14]
Surrogate mother matching.	- 1	— -2	[15]
Artificial insemination from husband.	— 1	— -2	[16]
Artificial insemination from donor.	_____ -1	_____ -2	[17]

2a In the past twelve months how many requests have you received for artificial insemination, including requests for insemination with either husband or donor sperm.
 _____ Requests for artificial insemination [18-20]
 None. -0 (SKIP TO PAGE 16) [21]

2b. How many patients have you accepted for artificial insemination, with either husband or donor sperm, in the past twelve months?
 ----- . _____ Number accepted [22-24]
 None. , — - 0 [25]

2c. What is the main reason you have not accepted any requests for artificial insemination in the past year?
 _____ [26-271]
 _____ [28-291]

v IF FOUR OR MORE PATIENTS HAVE BEEN ACCEPTED FOR ARTIFICIAL INSEMINATION IN THE PAST YEAR, PLEASE CONTINUE ON NEXT PAGE. IF THREE OR FEWER, GO TO PAGE 16 [30-31]

GENERAL CHARACTERISTICS

- 3a. How many requests for artificial insemination have you turned down in the past year, if any?
- [32-34]
- _____ Number turned down
- None. _____ -0 (SKIP TO Q.4a) [35]
- 3b. Could you describe the main reason(s) that you did not accept certain requests for artificial insemination?
- [36-37]
- _____ [38-39]
- _____ [40-41]
- v
40. What proportion of the patients who have requested artificial insemination in the past year were:
- [42-44]
- Married couples. _____ %
- [45-47]
- Unmarried couples (heterosexual). _____ %
- [48-50]
- Unmarried couples (lesbian). _____ %
- [51-53]
- Females without a partner. _____ %
- [54-56]
- Don't know marital status. _____ %
- 4b. What proportion of patients whom you accepted for artificial insemination in the past year sought artificial insemination because of:
- [57-59]
- No male partner. _____ %
- [60-62]
- Impotence of male partner. _____ %
- [63-65]
- Infertility of male partner, , , , _____ %
- [66-68]
- Genetic disorder of male partner. _____ %
- [69-71]
- Rh Incompatibility of male partner. _____ %
- Exposure of male partner to
- mutagens. _____ % [72-74]
- Male partner has sexually
- transmitted disease. _____ % [75-77]
- Other (PLEASE SPECIFY)
- _____ % [78-80]
- ST CD 2
DUP 1-5
- 4c. What percentage of these requests were from out-of-state patients?
- 6-2
- . _____ % [7-9]
- None _____ % [10]
- 4d. In what proportion of artificial Inseminations was the sperm from:
- [11-13]
- Husband/partner. _____ %
- [14-16]
- Donor provided by recipient. _____ %
- [17-19]
- Donor selected by you. _____ %
- [20-22]
- Sperm bank. _____ %
- [23-25]
- Other (PLEASE SPECIFY)
- _____ _____ %

RECIPIENT SCREENING

5. Prior to accepting a patient for artificial insemination, do you normally require that the patient undergo/provide:

	No	Yes	
a. Personal medical history	_____ -1	_____ -2	[26]
b. Family medical and genetic history	_____ -1	_____ -2	[271]
c. Fertility history	_____ -1	_____ -2	[281]
d. Physical examination	_____ -1	_____ -2	[291]
e. Personality assessment	_____ -1	_____ -2	[301]
f. Karyotyping	_____ -1	_____ -2	[311]

6a. Do you ever require special screening for genetic defects or diseases from any patients, prior to accepting them for artificial insemination?

----- No. -1 (SKIP TO Q.6c) [32]
 Yes. - 2

6b. Under what circumstances do you require special screening for genetic defects or diseases?

_____ [33-341]
 _____ [35-36]
 _____ [37-381]

6c. Do you require any other diagnostic tests of potential recipients, prior to accepting them for artificial insemination?

----- No. -1 (SKIP TO Q.7) [39]
 Yes. -2

6d. Which diagnostic tests do you require in all instances?

_____ [id+11]
 _____ [42-43]
 _____ [44-45]

6e. Which other diagnostic tests do you require in some instances?

_____ [46-47]
 _____ [48-49]
 _____ [50-51]

{NEXT PAGE}

RECIPIENT SCREENING

7 **Have you** ever rejected or would you be likely to reject a request for artificial insemination from a potential recipient because she was/has:

	Have Rejected	Would Be Likely to Reject	Not Likely to Reject	
a. Less than 18 years old.	- 1	-2	-3	[52]
b. Over 40 years old.	- 1	-2	-3	[53]
c. Welfare dependent.	- 1	-2	-3	[54]
d. Psychologically immature.	- 1	-2	-3	[55]
e. Unmarried with a partner	- 1	-2	-3	[56]
f. Unmarried without a partner	- 1	-2	-3	[57]
g. Less than high school degree.	- 1	-2	-3	[58]
h. Less than average Intelligence.	- 1	-2	-3	[59]
i. Criminal record.	- 1	-2	-3	[60]
j. Evidence of drug abuse.	-1	-2	-3	[61]
k. Evidence of alcohol abuse.	-1	-2	-3	[62]
l. Evidence of child abuse.	-1	-2	-3	[63]
m. Homosexual	-1	-2	-3	[64]
n. Other living children.	- 1	-2	-3	[65]
o. Prior miscarriage. „	- 1	-2	-3	[66]
p. Medical risks from pregnancy.	- 1	-2	-3	[67]
q. History of serious genetic disorders,	- 1	-2	-3	[68]
r. Syphills.	- 1	-2	-3	[69]
s. Gonorrhea,	-1	-2	-3	[70]
t. Genital herpes.	- 1	-2	-3	[71]
u. Cytomegalovirus.	- 1	-2	-3	[72]
v. Chlamydia.	- 1	-2	-3	[73]
w. Hepatitis.	- 1	-2	-3	[74]
x. HIV (HTLV) positive.	- 1	-2	-3	[75]

ST CD 3

DUP 1-5

5-3

DONOR SELECTION

8. In what proportion of requests does the recipient (or recipient's partner) have a donor already selected?

— — —%

[7-9]

9. In what proportion of cases does the recipient ask you to select a donor who meets certain specifications or characteristics?

— — —%

[10-12]

10. Are you generally willing to select donor characteristics to recipient specifications?

----- No. _____ -1 (SKIP TO Q.12a)
 Yes. _____ -2

[13]

11. Which of the following donor characteristics are You normally willing to try to match, if requested:

	Willing	Not Willing	
Age.	_____ 1	_____ -2	[14]
Height.	_____ 1	_____ -2	[15]
Weight.	_____ 1	_____ -2	[16]
Eye color.	_____ 1	_____ -2	[17]
Hair texture.	_____ 1	_____ -2	[18]
Complexion	_____ 1	_____ -2	[19]
Body type	_____ 1	_____ -2	[20]
Race.	_____ 1	_____ -2	[21]
Ethnic or national origin.	_____ 1	_____ -2	[22]
Religion.	_____ 1	_____ -2	[23]
I.Q.	_____ 1	_____ -2	[24]
Income.	_____ 1	_____ -2	[25]
Educational attainment	_____ 1	_____ -2	[26]
Special abilities.	_____ 1	_____ -2	[27]
Hobbies or interests	_____ 1	_____ -2	[28]

12a. Do you offer sperm separation for preconception gender selection?

----- NO. _____ -1 (SKIP TO Q.12c)
 Yes. _____ -2

[29]

12b. What technique for sperm separation do you normally use?

[30-31]

[32-33]

12c. What is the main reason you don't offer preconception gender selection?

[34-35]

[36-37]

13. In your experience, in what proportion of cases where sex selection is attempted is the selection successful?

. — —%

[38-40]

Don't Know _____ -888

PROTOCOL FOR INSEMINATION

- 14 How many appointments do you require with a patient, on average, before insemination can take place?
 _____ Appointments [41-42]
15. Do you routinely present other options to patients who request artificial insemination?
 ----- No. (SKIP TO Q.17a) [43]
 # Yes -2
16. Which other options do you normally present? [44-45]
 _____ [46-47]
 _____ [48-49]
 _____ [50-51]
170. Do you routinely present possible risks of artificial insemination to patients who request artificial insemination?
 ----- No. -1 (SKIP TO Q.18a) [52]
 Yes. -2
- 17b Which risks do you normally present? [53-54]
 _____ [55-56]
 _____ [57-58]
 _____ [59-60]
- 18a. Do you require patients to sign a consent form prior to insemination?
 ----- No -1 (SKIP TO Q.19) [61]
 Yes -2
- 18b. Do you require both partners of a couple to sign a consent form or only the patient?
 Both partners. - 1 [62]
 Only patient. - 2
19. On what day in the menstrual cycle do you normally commence insemination?
 _____ [65-64]
- 20 On average, how many inseminations do you usually make per cycle?
 _____ Number [66-66]

PROTOCOL FOR INSEMINATION

21, After the initial insemination within a cycle, do you normally schedule subsequent inseminations in that cycle for every day, every other day or something else?

- Only once per cycle. _____ -1 [57]
- Every day. _____ -2
- Every other day. _____ - 3
- Other (Specify)
- _____ _____ -4

22. Normally, is the sperm deposited:

- Intravaginally. 1 [68]
- Cervicovaginally. 2
- Intrauterinally. 3
- Cervicol cap. _____ -4

23a. Do you normally restrict all inseminations of a particular patient to sperm from a single donor, or not?

- Use multiple donors. _____ -1 [69]
- Use single donor. _____ -2 (SKIP TO Q.23c)

23b. Do you use sperm from multiple donors for inseminations *within* the same cycle or not?

- Use multiple donor. _____ - 1 [70]
- Use single donors. _____ -2

23c. Do you mix the sperm of the spouse/partner with the donor sperm for insemination on a regular basis, only upon request or never?

- On a regular basis. _____ -1 [711]
- Only upon request. _____ -2
- Never , _____ - 3

23d. Prior to insemination, which of the following procedures do you always require as part of the insemination protocol, which do you sometimes require, and which do you not require?

	Always	Sometimes	Never	
Sperm washing. _____ -1	_____ -2	_____ -3		[72]
Spilt ejaculate. _____ -1	_____ -2	_____ -3		[73]
Bactericide. _____ -1	_____ -2	_____ -3		[74]

23e. IF SOMETIMES REQUIRE. Under what conditions do you use this procedure?

- Sperm washing. _____ [75-76]
- Spilt ejaculate. _____ [77-78]
- Bactericide. _____ [79-80]

OUTCOMES

24. In what percentage of cases that you have treated by artificial insemination do you know whether pregnancy is achieved as a result or not?
 _____ % [7-91] ST CO 4
 DUP 1-5
 6-4
25. Based on your experience, what is the average number of inseminations needed to achieve pregnancy?
 _____ Inseminations [10-121]
26. Based on your experience, what is the average number of cycles that it takes for a patient to achieve pregnancy by means of artificial insemination?
 _____ Cycles [13-14]
27. What proportion of the patients that you have accepted for artificial insemination have achieved pregnancy as a result of the treatment?
 _____ % [15-17]
28. Do you normally follow the full course of the pregnancy for patients successfully inseminated?
 ----- No... _____ -1 (SKIP TO Q.30a) [181]
 Yes. _____ -2
29. Approximately what proportion ended in live births?
 _____ % [19-21]
- 30a. Do you follow the outcomes of live births of patients you have inseminated?
 ----- No... _____ -1 (SKIP TO Q.31) [221]
 Yes _____ -2
- 30b. How many cases of birth defects have you encountered?
 1 <----- None. . . . _____ -0 (SKIP TO Q.31) [231]
 _____ cases with birth defects [24-25;]
 30c. What was/were the birth defects in those cases?
 _____ [26-27]
 _____ [28-29]
 _____ [30-31]
31. Do you follow the health and development Of children from these inseminations subsequent to birth?
 No... . _____ -1 [32]
 Yes. _____ -2

FRESH SPERM

32a. Have you performed any artificial inseminations in the past year in which fresh sperm was used?

----- No _____ -1 (SKIP TO Q. 35) [33]
 Yes _____ -2

32b. Approximately how many Inseminations have you performed in the past year, using fresh sperm?

__ __ __ Number using fresh sperm [34-36]

33 Do you use the sperm of husbands or partners?

No _____ -1 [371]
 Yes. _____ -2

34 Which of the other following sources have you used to obtain fresh sperm in the past year?

- a. Self _____ -1 [38]
- b. Other doctors. _____ -1 [39]
- c. Medical students, _____ -1 [40]
- d. Graduate students. _____ -1 [41]
- e. Hospital personnel. _____ -1 [42]
- f. Non-hospital personnel _____ -1 [43]
- g. Andrology laboratories. _____ -1 [44]

DONOR SCREENING PROTOCOL

v

35 Prior to acceptance as a donor, which of the following do you normally require from donors selected by the recipient (eg. husbands, partners), which do you require from other donors, and which do you require from neither?

		RECIPIENT SELECTED DONOR	OTHER DONORS	DON'T REQUIRE	
a	Personal medical history.	_____ -1	_____ -2	_____ -3	[45]
b	Family medical and genetic history.	_____ -1	_____ -2	_____ -3	[46]
c	Fertility history.	_____ -1	_____ -2	_____ -3	[47: [48]
d	Physical examination.	_____ -1	_____ -2	_____ -3	[49]
e	Personality assessment.	_____ -1	_____ -2	_____ -3	[49]
f	Karyotyping	_____ -1	_____ -2	_____ -3	[50]

36a Do you ever require special screening for genetic defects or diseases from any donors. prior to accepting them for artificial insemination?

_____ No -1 (SKIP TO Q. 36c) [51]
 YES _____ -2

36b Under what circumstances do you require special screening of donors for genetic defects or diseases?

_____ [52-53]

_____ [54-55]

[NEXT PAGE]

_____ [56-57]

DONOR SCREENING PROTOCOL

36c. Do you require any other diagnostic tests for donors prior to initial acceptance not counting analysis of sperm?

----- No _____ -1 (SKIP TO Q 37) [58]
 Yes _____ -2

36d which diagnostic tests do you require in all instances?

 [59-60]
 _____ [61-62]
 _____ [63-64]

36e Which other diagnostic tests do you require in some instances?

 [55-56]
 _____ [57-58]
 _____ [59-60]

V

37 Do you normally require screening of the semen of donors for fertility or not?

---_----- Don't require screening. _____ -1 (SKIP TO Q 40) [71]
 Require screening _____ -2

38 Which of the following criteria do you normally use in screening sperm samples (semen) of donors?

ST CO 5
 DUP 1-5
 6-5

	USE		Q 39 MINIMUM CRITERIA	
Sperm count.	_____ -1	[7]	— — MILLION	[16-17]
Motility	_____ -1	[8]	— — PERCENT	[10-19]
Linearity	_____ -1	[9]	_____	[20-21]
Speed	_____ -1	[10]	_____	[22-23]
Morphology	_____ -1	[11]	— — PERCENT	[24-25]
White blood count.	_____ -1	[12]	— — PHF	[26-27]
Viscosity	_____ -1	[13]	_____	[28-29]
Ph	_____ -1	[14]	_____	[30-31]
Post-thaw motility	_____ -1	[15]	— — PERCENT	[32-33]

39 FOR EACH "YES" ABOVE: Would you describe the minimum criteria for acceptance?

[NEXT PAGE]

DONOR SCREENING PROTOCOL

40 Have you ever rejected *OR* would you be likely to reject a donor because he was/has:

	Have Rejected	Would Be Likely to Reject	Not Likely to Reject	
a. Less than 18 years old.	- 1	-2	-3	[34]
b Over 40 years old.	- 1	-2	-3	[35]
c Psychologically Immature.	- 1	-2	-3	[36]
d Married.	- 1	-2	-3	[37]
e. Less than average height.	- 1	-2	-3	[38]
f Less than high school degree.	- 1	-2	-3	[39]
g. Less than average intelligence	- 1	-2	-3	[40]
h. Criminal record.	- 1	-2	-3	[41]
i Evidence of drug abuse.	- 1	-2	-3	[42]
j Evidence of alcohol abuse.	-1	-2	-3	[43]
k Evidence of child abuse	- 1	-2	-3	[44]
l. Homosexual contacts.	- 1	-2	-3	[45]
m Syphilis	-1	-2	-3	[46]
n Chlamydia	- 1	-2	-3	[47]
o Gonorrhea.	- 1	-2	-3	[48]
p Genital herpes.	- 1	-2	-3	[49]
q Cytomegalovirus.	-1	-2	-3	[50]
r History of serious genetic disorders.	- 1	-2	-3	[51]
s Hepatitis	- 1	-2	-3	[52]
t HIV (HTLV) positive.	- 1	-2	-3	[53]
u. Intravenous drug use.	- 1	-2	-3	[54]
v. Multiple heterosexual partners.	- 1	-2	-3	[55]
w Sexual contact with AIDS cases.	- 1	-2	-3	[56]
x. Residences in high AIDS area.	- 1	-2	-3	[57]

41 For each of the following conditions, would you be likely to reject a donor only if he had the condition, If anyone in the donor's Immediate family had the condition, or would you not reject a donor even if he had the condition?

	Reject Only if Donor Has:	Reject if Family History	Not Reject Even if Donor Has	
a. Toy-Sachs.	-1	-2	-3	[58]
b Diabetes	- 1	-2	-3	[59]
c Hemophilia.	-1	-2	-3	[60]
d Depression	- 1	-2	-3	[61]
e. Asthma	-1	-2	-3	[62]
f, Cystic fibrosis	-1	-2	-3	[63]
g Mental retardation.	-1	-2	-3	[64]
h Obesity	-1	-2	-3	[65]
i Huntington's chorea,	-1	-2	-3	[66]
j Duchenne muscular dystrophy	-1	-2	-3	[67]
k Sickle cell anemia.	- 1	-2	-3	[68]
l Thalessemia.	-1	-2	-3	[69]
m Hypercholesterolemic heart disease	-1	-2	-3	[70]
n Neurofibromatosis	-1	-2	-5	[71]
o Malignant melanoma	-1	-2	-3	[72]
p. Alzheimer's disease	-1	-2	-3	[73]
q. Severe astigmatism.	-1	-2	-3	[74]

DONOR SCREENING PROTOCOL

42a. Do you have any limit on the number of patients who can be inseminated from the sperm of the same donor?

ST CD 6
DUP 1-5
6-6

----- No _____ -1 (SKIP TO Q.43a)
Yes _____ -2

[7]

42b. How many patients will You permit to be inseminated from the sperm of the same donor?

__ __

[8-9]

FROZEN SPERM

V

43a. Have you performed any artificial inseminations in the past year in which frozen sperm was used?

----- No.. . . . _____ -1 (SKIP TO 0.48)
Yes _____ -2

[10]

43b. Approximately how many patients have you inseminated in the past year using frozen sperm?

__ __ __ Number using frozen sperm

[11-13]

44 Which of the following sources have you used in the past year to obtain frozen sperm? (CHECK ALL THAT APPLY)

Have Used

Own supplies. _____ - 1
Hospital supplies _____ - 1
Commercial vendor _____ -1
Other (PLEASE SPECIFY)

[14]
[15]
[16]

_____ _____ -1

[17]

45. Do you use a sperm bank that is located in your state, one that is located in another state or don't you use a sperm bank? (CHECK ALL THAT APPLY)

S a m e s t a t e _____ -1
A n o t h e r s t a t e . . . _____ -1
N o s p e r m b a n k . . . _____ -1

[18]
[19]
[20]

46. Do you or your supplier have a quarantine period prior to use of frozen sperm?

<----- No _____ -1 (SKIP TO 0.48)
Yes _____ -2

[21]

47 How long is that quarantine period?

__ __ Months

[22-23]

[NEXT PAGE]

RECORDKEEPING

48. Do you keep records that would permit you to identify the specific donor for any specific pregnancy?

----- No. -1 (SKIP TO 0.51) [24]
 Yes. -2

49. Do you keep records for each donor of:

	No	Yes	
Number of women inseminated.	- 1	- 2	[25]
Number of pregnancies achieved.	- 1	- 2	[26]
Number of children born.	- 1	- 2	[27]
Physical examination.	-1	- 2	[28]
Family genetic history.	-1	- 2	[29]
Follow-up examinations.	-1	- 2	[30]

50. Would you permit access to donor records, including the name of the donor, only excluding the name of the donor, or not at all, to:

	Access with Name	Access With- out Name	No Access	
Donor.	-1	- 2	- 3	[31]
Recipient.	-1	- 2	- 3	[32]
Recipient partner.	-1	- 2	- 3	[33]
Offspring of insemination.	-1	- 2	- 3	[34]
Public health department.	-1	- 2	- 3	[35]
Research scientists.	-1	- 2	- 3	[36]
Judicial requests.	-1	- 2	- 3	[37]

QUALITY ASSURANCE

51 Are you aware of any specific professional guidelines or suggested procedures for the selection recipients or donors for artificial insemination?

----- No. -1 (SKIP TO 0.54) [38]
 Yes. - 2

52. Have you adopted any of these guidelines or procedures as your protocol for artificial insemination?

----- No. , -1 (SKIP TO Q.54) [39]
 Yes. - 2

53. What is the name of those guidelines that you use?

[4a?

QUALITY ASSURANCE

54 How adequate do you think that present professional practices of artificial insemination are in terms of protecting the:

	More than Adequate	Adequate	Less than Adequate	
a. Recipient's safety	___-1	___-2	___-3	[411
b. Donor's privacy	___-1	___-2	___-3	[42]
c. Offspring's rights.	___-1	___-2	___-3	[43]
d. Physician's liability.	___-1	___-2	___-3	[44]

55 For each of the following agencies, would you like to see their involvement in the quality assurance of artificial insemination procedures increased, remain the same, decreased, or eliminated?

	Increased	Remain the Same	Decreased	Eliminated	
a. Local medical boards	___-1	___-2	___-3	___-4	[45]
b. National medical societies.	___-1	___-2	___-3	___-4	[46]
c. State public health agencies.	___-1	___-2	___-3	___-4	[47]
d. Federal public health agencies.	___-1	___-2	___-3	___-4	[48]
e. Hospital PROS.	___-1	___-2	___-3	___-4	[49]
f. Courts.	___-1	___-2	___-3	___-4	[50]

56. Would you tend to favor or oppose the establishment of national standards for artificial insemination for:

	Favor	Oppose	
a. Recipient screening.	___-1	___-2	[511
b. Donor screening by sperm banks.	___-1	___-2	[52]
c. Record keeping requirements.	___-1	___-2	[53]
d. Donor screening by private practitioners.	___-1	___-2	[54]

QUALITY ASSURANCE

57. Do You believe that the procedures for surrogate motherhood should be regulated by federal legislation, state legislation or not regulated by legislation?

Federal law. -1 [55]
State law. - 2
No law. -3

58a. Have you ever encountered any legal problems as a result of your practice of artificial insemination?

No. - 1 [56]
Yes. -2

58b. Could you describe generally the kind of legal problem that you have encountered?

[57-581]
[59-60]
[61-62]

COSTS

59. What do you estimate the average cost is to your patient (or her insurance carrier) for the consultations, examinations and testing prior to the first actual insemination? Your best estimate is fine.

\$ — , — — — “ [63-66]

60. What do you estimate the average cost is to your patient (or her insurance carrier) for each subsequent insemination?

\$— , — — — ” [67-76]

61. What proportion of the patients whom you have treated have health insurance coverage for at least some of the costs associated with artificial Insemination?

— % [71-73]

62. For those who have insurance coverage, what proportion of the total costs of artificial Insemination are covered by the insurance on average?

— — — % [76-76]

EVERYONE SHOULD ANSWER THE FOLLOWING QUESTIONS

53 How do you feel about the following general statements concerning artificial insemination? For each statement, please indicate whether you agree strongly agree somewhat disagree somewhat or disagree strongly.

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly	
a Artificial insemination should be more widely used when medically indicated to treat infertility.	-1	-2	-3	-4	[7]
b Physician acceptance of recipients should be based solely on health issues	-1	-2	-3	-4	[8]
c Self insemination is a reasonable alternative to physician assisted insemination in many cases	-1	-2	-3	-4	[9]
d Patient requests for artificial insemination should be honored, regardless of marital status or sexual orientation.	-1	-2	-3	-4	[10]
e Offspring of artificial inseminations should have no right to communicate with their genetic fathers.	-1	-2	-3	-4	[11]
f Patient requests for artificial insemination frequently raise moral issues for physicians	-1	-2	-3	-4	[12]
g There is nothing wrong with sperm banks which specialize in donors with intellectual, artistic or athletic gifts.	-1	-2	-3	-4	[13]

DEMOGRAPHICS

D1. How long have you been in active practice?					
	YEARS			[14-15]
D2. What is your age?					
	AGE			[16-17]
D3. What is your primary specialty?					
General practice,	-1	Obstetrics/gynecology	-6		[18]
Family practice,	-2	Surgery	-7		
Internal medicine,	-3	Urology	-8		
Gynecology	-4	Other (SPECIFY)			
Andrology,	-5	_____	-9		[19]

EVERYONE SHOULD ANSWER THE FOLLOWING QUESTIONS

DEMOGRAPHICS

D4a. Is your main practice, that is, where you have most of your contact with patients, office-based or hospital based?

- Hospital based. -1 (SKIP TO Q.05) [201]
- Office based - 2

D4b. Is your main practice part of a health maintenance organization, an independent group practice, a solo practice or something else?

- Health maintenance organization . . . - 1 [211]
- Independent group practice - 2
- Solo practice -3
- Partnership. -4
- Other -5

D5. Approximately how many different patients would you estimate that you see on an outpatient basis during an average week?

----- OUTPATIENTS [22-24:

D6a. Are you engaged in medical research as well as clinical activities?

- No. -1 (SKIP TO Q.D7a) [251]
- Yes. - 2

D6b. Are you engaged in research related to infertility?

- No. - 1 [261]
- Yes. - 2

D7a. Do you belong to any state or national professional societies?

- No. -1 (SKIP TO Q.D8) [27]
- Yes. -2

D7b. Are any of these fertility societies?

- Yes. -1 [281]
- No. -2

08. Are you male or female?

- Male. - 1 [29]
- Female. -2

THANK YOU FOR YOUR ASSISTANCE. PLEASE PLACE THE COMPLETED SURVEY IN THE RETURN ENVELOPE ENCLOSED.