Sperm Banking Questionnaire

This questionnaire is confidential. Your name <u>is not</u> recorded and no one can identity you. Please feel free to add any comments of your own.

How old were you	when diag	nosed?					
How old are you n	ow?						
What was your dia	gnosis?						
Did you provide sp	berm for bar	nking?					
About sperm b	anking						
Who discussed spe	-	g with you?					
How soon after you	ur diagnosi	s was sperm b	anking c	liscussed?	,		
Who else was pres	ent at the d	iscussion?	-				
How concerned we	ere you abo	ut your future	fertility	? Mark on	the scale	below.	
At diagnosis							
	0	2 fertility not	4	6	8	10 fertility	
Now		important				very important	
		I					
	0	2 fertility not important	4	6	8	10 fertility very important	
How anxious were	you about		s? Mark	on the sca	ale below.	very important	
At diagnosis							
			1				
	0	Very little and	4 aiety	6	8	$10_{Very anxious}$	
Now							
		I			1		
	0	Very little any	4 atiety	6	8	10 _{Very anxious}	
Did your feelings a fertility?	bout your o	diagnosis mak	e it diffi	cult to thi	nk about y		Yes / No

