# Supplementary Table SII Full survey questionnaire.

# Men's fertility awareness: general population needs assessment survey

# Section I: Screening and introduction Please indicate your sex. 01 Male 02 Female 03 Other Q2. Do you work or does someone in your immediate household work for a market research company? 01 Yes 02 No O3. Which of the following represents your age? 01 17 years or younger 02 18-20 years 03 21-25 years 04 26-30 years 05 31-35 years 06 36-40 years 07 41-45 years 08 46-50 years 09 51 years or older Section II: Demographic characteristics Which group best represents your ethnic origin? 01 Aboriginal (e.?g. First Nations, Inuit, or Métis) 02 Arab 03 Black 04 Chinese 05 Filipino 06 Japanese 07 Korean 08 Latin American 09 South Asian (e.?g. Indian, Pakistani, Bangladeshi, Sri Lankan) 10 Southeast Asian (e.?g. Cambodian, Indonesian, Laotian, Vietnamese) 11 West Asian (e.?g. Afghan, Iranian) 12 White 88 Some other group (please specify): Q5a. Do you consider yourself a: 01 First generation immigrant—born outside of Canada 02 Second generation immigrant—you were born here but at least parent was born outside of Canada 03 Third generation Canadian and beyond—both you and your parents were born in Canada 88 Other Q5b. How long have you lived in Canada? [If Q5a = 01] Number of years Q6. Please indicate your current employment status: 01 Full-time employed 02 Part-time employed 03 Full-time student 04 Unemployed due to illness or disability 05 Unemployed due to other reasons 06 Homemaker 88 Other

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- Q7. Which of the following best describes the area in which you live?
  - 01 Urban
  - 02 Suburban
  - 03 Rural
- Q8. Please select the income bracket that best describes your annual household income for 2014.
  - 01 <\$20,000
  - 02 \$20,000-\$39,999
  - 03 \$40,000-\$59,999
  - 04 \$60,000-\$79,999
  - 05 \$80,000-\$99,999
  - 06 \$100,000-\$119,999
  - $07 \ge 120,000$
- Q9. In which province do you currently reside?
  - 01 British Columbia
  - 02 Alberta
  - 03 Saskatchewan
  - 04 Manitoba
  - 05 Ontario
  - 06 Quebec
  - 07 New Brunswick
  - 08 Newfoundland
  - 09 Nova Scotia
  - 10 Prince Edward Island
  - 11 North (Northwest Territories, Nunavut, Yukon)
- Q10. What is the highest level of education you have completed or the highest degree you have received?
  - 01 Less than high school
  - 02 Completed some high school
  - 03 High school graduate or equivalent
  - 04 Technical college, community college, or CEGEP
  - 05 Completed some university, but no degree
  - 06 University graduate
  - 07 Completed some post-graduate school, but no degree
  - 08 Completed post-graduate school (e.?g. MS, MD, or PhD)
- Q11. Do you consider yourself to be...?
  - 01 Heterosexual, that is straight (sexual relations with people of the opposite sex)
  - 02 Homosexual, that is gay (sexual relations with people of your own sex)
  - 03 Bisexual (sexual relations with people of both sexes)
- Q12. Which of the following best describes your marital status?
  - 01 Single
  - 02 Married
  - 03 Living with a common-law spouse
  - 04 Separated
  - 05 Divorced
  - 06 Widowed
  - 07 Long-term dating

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Q13.	Have you fathered any biological children?	
	01 Yes	
	02 No	
Q14a.	In the future, would you like to have more biological children? [If $Q13 = 01$ ]	
	0 I Yes	
	02 No	
	03 Undecided	
Q14b.	In the future, would you like to have biological children? [If $Q13 = 02$ ]	
	01 Yes	
	02 No	
	03 Undecided	
Section	III: Fertility characteristics and experiences	
Q15. In general, how knowledgeable would you say you are about.?		
	(a) Male reproduction	
	(b) Female reproduction	
	01 Not at all knowledgeable	
	02 Slightly knowledgeable	
	03 Somewhat knowledgeable	
	04 Very knowledgeable	
	05 Extremely knowledgeable	
Q16.	To the best of your knowledge, to what extent do male and female factors contribute to fertility problems?	
Q10.	(a) Male factors	
	(b) Female factors	
	01 Does not at all cause fertility problems	
	02	
	03 Somewhat causes fertility problems	
	04	
	05 Major cause of fertility problems	
Q17.	How concerned are you about your own fertility at this time?	
Q17.	01 Not at all concerned	
	02 Slightly concerned 03 Somewhat concerned	
	04 Very concerned	
010	05 Extremely concerned	
Q18.	Have you, or a partner, ever been assessed for fertility problems? (Please select all that apply.)	
	01 Yes, myself	
	02 Yes, a partner	
010	03 Neither <sup>b</sup>	
Q19.	Have you ever had any experience with treatment for fertility problems? This can be either personally, through a partner, or someone you know. (Please select all that apply.)	
	01 Yes, myself	
	02 Yes, a partner	
	03 Yes, someone I know	
	04 No experience <sup>b</sup>	
O20-		
QZUa.	Have you ever undergone any treatment for other medical conditions/illnesses that you were told would affect your fertility?  OI Yes	
	01 Tes 02 No	
	Continue	

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- Q20b. Please specify which treatment(s)? [If Q20a = 01]
  - 01 Open-ended text box
  - 02 Open-ended text box
  - 03 Open-ended text box
  - 04 Open-ended text box
  - 05 Open-ended text box

Section IV: Fertility knowledge

- Q21. Are you aware of any factors that can affect a man's fertility? If so, please type them in the boxes below.
  - 01 Open-ended text box
  - 02 Open-ended text box
  - 03 Open-ended text box
  - 04 Open-ended text box
  - 05 Open-ended text box
  - 06 Open-ended text box
  - 07 Open-ended text box
  - 08 Open-ended text box
  - 09 Open-ended text box
  - 10 Open-ended text box
  - II Open-ended text box
  - 12 Open-ended text box
  - 13 Open-ended text box
  - 14 Open-ended text box
  - 15 Open-ended text box
  - 98 Not aware of any factors that can affect a man's fertility<sup>b</sup>
- Q22. Regardless of your answers in the previous question, please rate the extent to which you consider each of the following to be a factor that affects a man's fertility.
  - (a) Age (more than 45 years old)
  - (b) Alcohol consumption (more than 10 drinks a week)
  - (c) Belonging to a specific ethnic group<sup>a</sup>
  - (d) Cancer treatment (such as radiation or chemotherapy)
  - (e) Coffee (>4 cups a day)<sup>a</sup>
  - (f) Delayed puberty
  - (g) Dental cavity fillings<sup>a</sup>
  - (h) Diabetes
  - (i) Exposure to pesticides or environmental toxins (paint, solvents, etc.)
  - (j) Frequent bicycling or riding horses
  - (k) Frequent hot tub use
  - (I) Frequent masturbation<sup>a</sup>
  - (m) Frequent sexual relations<sup>a</sup>
  - (n) Frequent use of a laptop on your lap
  - (o) Genetic abnormality
  - (p) Hernia repair
  - (q) High cholesterol
  - (r) Lack of regular exercise<sup>a</sup>
  - (s) Long-term use of antibiotics<sup>a</sup>
  - (t) Long-term use of steroids
  - (u) Migraines<sup>a</sup>

# Men

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	(v) Overuse of electronic devices (such as cellphones or computers)
	(w) Overweight/obesity
	(x) Pain or injury to the testicles or scrotum
	(y) Poor diet <sup>a</sup>
	(z) Sexually transmitted infections (such as chlamydia, gonorrhoea, etc.)
	(aa) Size of testicles
	(ab) Smoking cigarettes
	(ac) Stress
	(ad) Urinary tract (bladder) infection
	(ae) Use of drugs (such as marijuana, narcotics, cocaine)
	(af) Wearing tight pants
	(ag) Work-out supplements (such as creatine, protein, etc.) <sup>a</sup>
	(ah) X-rays
	01 Definitely not a factor
	02 Probably not a factor
	03 Uncertain
	04 Probably a factor
	05 Definitely a factor
Q23.	Are you aware of any medical conditions/illnesses that men with fertility problems may be at risk of? If so, please type them in the boxes below.
	01 Open-ended text box
	02 Open-ended text box
	03 Open-ended text box
	04 Open-ended text box
	05 Open-ended text box
	06 Open-ended text box
	07 Open-ended text box
	08 Open-ended text box
	09 Open-ended text box
	10 Open-ended text box
	I I Open-ended text box
	12 Open-ended text box
	13 Open-ended text box
	14 Open-ended text box
	15 Open-ended text box
	98 Not aware of any medical conditions/illnesses <sup>b</sup>
Q24.	Regardless of your answers in the previous question, please rate the extent to which you consider men with fertility problems to be at risk of each of the following medical conditions/illnesses.

- Q24.
  - (a) Arthritis<sup>a</sup>
  - (b) Being underweight<sup>a</sup>
  - (c) Cardiovascular disease (heart disease, high blood pressure)
  - (d) Depression
  - (e) Diabetes
  - (f) Fever<sup>a</sup>
  - (g) Insomnia<sup>a</sup>
  - (h) Obesity
  - (i) Prostate cancer
  - (j) Sexually transmitted infections

98 Have not looked for information on men's fertility<sup>b</sup>

Men's fertility awareness: general population needs assessment survey (k) Testicular cancer 01 Definitely not at risk of 02 Probably at risk of 03 Uncertain 04 Probably at risk of 05 Definitely at risk of Q25. Please indicate whether or not you are aware of each of the following treatment options available to men who experience fertility problems so they may be able to father biological children. (a) Acupuncture (b) Antibiotics (c) Banking sperm (d) Gonadotropin treatment (e) Herbal remedies (such as ginseng, etc.) (f) IVF (g) ICSI (h) IUI (i) Testicular sperm extraction (TESE) (j) Treatment for erectile dysfunction (k) Varicocele repair (I) Vasectomy reversal (m) Vitamins and supplements 01 Aware 02 Not aware Section V: Sources of information and the use of technology Q26. From which sources have you gained knowledge about men's fertility? 01 Books 02 Doctor 03 Friends/family 04 Healthcare professional other than a doctor or nurse 05 Internet—medical websites 06 Internet—non-medical websites 07 Magazines 08 Medical apps on smartphones or tablets 09 Newspapers 10 Nurses II Online blogs 12 Online news sites 13 Pamphlets 14 Radio 15 School/university 88 Other (please specify): 89 Other (please specify):

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- Q27a. To what extent are you interested in learning more about male reproduction and fertility problems, including the risk factors and other medical conditions/illnesses associated with it and treatment for it?
  - 01 Not at all interested
  - 02 Not very interested
  - 03 Somewhat interested
  - 04 Very interested
  - 05 Extremely interested
- Q27b. If you had the choice, how would you like to receive information on men's fertility? (Please select all that apply.) [If Q27a = 03, 04, 05]
  - 01 An app on your phone or tablet
  - 02 Dedicated website
  - 03 From your doctor
  - 04 From a healthcare professional other than your doctor
  - 05 Newspapers or magazines
  - 06 Pamphlets in the mail
  - 07 Phone hotline where you could speak with a medical professional
  - 08 Radio
  - 09 TV
  - 88 Other (please specify):
  - 89 Other (please specify):
- Q28. Which of the following devices do you currently own? (Please select all that apply.)
  - 01 Desktop computer
  - 02 Laptop computer
  - 03 Smartphone
  - 04 Tablet
  - 98 None of the above<sup>b</sup>

Data collected between 20 April and 29 May 2015.

<sup>&</sup>lt;sup>a</sup>Indicates that the response was a decoy item.

<sup>&</sup>lt;sup>b</sup>When the indicated response was selected, then no other responses could be selected.