

Supplementary Data 1. Fertility and Pregnancy Outcome Survey

1. Did you receive counseling about fertility before your surgery? (yes/no)
2. If “yes”, was the counseling performed by a gynecologic oncologist, infertility specialist, maternal-fetal medicine, or other? _____
 - a. If you chose “other”, what kind of physician counseled you? _____
 - b. Did you feel that the counseling was adequate? (yes/no)
 - c. Did counseling help you make a well informed decision? (yes/no)
3. Did you receive counseling about pregnancy or complications that may arise in pregnancy before your surgery? (yes/no). If “no”, proceed to question #6
4. If “yes”, was the counseling performed by a gynecologic oncologist, infertility specialist, maternal-fetal medicine, or other? _____
 - a. If you chose “other”, what kind of physician counseled you? _____
 - b. Did you feel that the counseling was adequate? (yes/no)
 - c. Did counseling help you make a well informed decision? (yes/no)
5. Was there any information that was left out or things you would have liked to know beforehand? _____
6. How strong was your desire to become pregnant before your surgery? (1-10)
1 – no desire/10 – strong desire, _____
7. How strong was your desire to become pregnant 6 months after surgery? (1-10)
1 – no desire/10 – strong desire, _____
8. How strong is your desire to become pregnant now? (1-10)
1 – no desire/10 – strong desire, _____
9. How nervous/anxious were you about your fertility before surgery? (1-10)
1 – no anxiety/10 - extremely anxious, _____
10. How nervous/anxious were you about your fertility after surgery? (1-10)
1 – no anxiety/0 - extremely anxious, _____
11. Do you think your quality of life has decreased since receiving your surgery? (yes/no)
 - a. If yes: why? _____
 - b. If no: why? _____
12. Did you experience any complications from surgery that may have made it more difficult to become pregnant? (yes/no)
 - a. If “yes”, check all that apply
 - i. Cervical stenosis
 - ii. Cerclage complications

- iii. Diminished ovarian reserve
- iv. Poor wound healing
- v. Thinning of uterine lining
- vi. Lymphedema
- vii. Other: _____

13. Have you tried to become pregnant since your surgery? (yes/no)

- a. If “yes”, what date did you start trying to conceive? _____
 - i. How many total months have you been trying to conceive? _____
- b. If “no”, why haven’t you tried to become pregnant? Check all that apply
 - i. Anxiety/nervous about recurrent cancer
 - ii. Anxiety/nervous about pregnancy complications
 - iii. Cost of fertility treatment (in-vitro fertilization – IVF)
 - iv. Not ready for a pregnancy
 - v. Thoughts of a miscarriage
 - vi. Sexual problems/concerns
 - vii. Lack of partner
 - viii. Age
 - ix. Other medical problems
 - x. Other: _____

14. Have you been pregnant before? (yes/no)

- a. Total number of pregnancies?
- b. Total number of living children?
- c. Number of prior miscarriages?
- d. Number of prior ectopic pregnancies?
- e. Total number of vaginal deliveries?
- f. Total number of cesarean deliveries?
- g. Any complications with any pregnancies? (yes/no)
 - i. If “yes”, please provide details: _____
- h. Did you have any deliveries before 37 weeks? (yes/no)
 - i. If “yes”, please provide details: _____

15. Have you been pregnant since your surgery? (yes/no). If “no”, go to ii

- i. If “yes”, answer questions 1-6
 - 1. Check all that apply below
 - a. I am currently pregnant at ___ weeks gestation
 - b. I delivered at ___ weeks (if ≥ 24 weeks)
 - c. I miscarried at ___ weeks (if < 24 weeks)
 - 2. Circle all that apply below

- a. I became pregnant without any help
- b. I became pregnant by using IVF
- c. I became pregnant by using oral medications to help me ovulate (Clomid/Letrozole)
- d. I became pregnant using intrauterine insemination
- e. I became pregnant using donor eggs
- f. I had a baby using a gestational carrier

3. If you delivered ≥ 24 weeks, were there any complications with the delivery or your baby? If yes, describe:

4. If you delivered, how far along were you at the time of delivery?

5. If you delivered, did you have a cesarean or vaginal delivery?

6. Did you attempt another pregnancy? (yes/no)

a. If “yes”, was it successful? (yes/no)

b. If you delivered ≥ 24 weeks, were there any complications with the delivery or your baby? If yes, describe:

ii. If “no”,

1. Have you tried any form or want to try assisted reproduction? check all that apply

- a. None
- b. Clomid or other medications for cycle regulation
- c. Intrauterine insemination
- d. IVF
- e. Donor egg

16. Given the information you know post surgery and the experiences you had, would you have chosen the same type of surgery (trachelectomy) or would you have chosen a complete hysterectomy? (yes/no)

a. If yes, why? _____

b. If no, why? _____