Human Reproduction, pp. 1–7, 2021
doi:10.1093/humrep/deab040

Supplementary Table SI **Treatment Planning and Continuation Study questions, question items, response scale, computation, interpretation and Cronbach alpha.**

Questions	Items	Response Scale	Composite computation	Range and interpretation	Cronbach alpha (α)
Demographics					
	Gender	Male, Female			
	Age	In years			
	Length of time cohabiting/ married	In years and months	Years		
	Employment status	Employed/self-employed, unemployed, student, retired, other	Paid employment (No/Yes)		
	Highest level of education achieved	No education, Primary/ Elementary school, secondary/ High school, Post-secondary school, undergraduate university degree, postgraduate university degree.	University level of education (No/yes)		
	Income	Lower, same or higher than the typical household in their community			
	Had trouble paying bills in the last 12 months	Never, not very often, fairly often, very often, do not know.	No/yes		
	Had trouble buying household items in the last 12 months	Never, not very often, fairly often, very often, do not know.	No/yes		
Fertility characteristics					
	How many times previously given birth/fathered a child	Zero, one, two, three or more	Previously given birth: No/yes		
	How many adopted children	Zero, one, two, three or more	Previously adopted: No/yes		
	How many step children	Zero, one, two, three or more	Have step children: No/yes		
	Time trying to conceive	In years and months	Years		
Fertility treatment characteristics					
	Fertility diagnosis	Problem with the woman, man, problem with both partners, unexplained or not diagnosed			
	Treatment funding				

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Supplementary Table SI Continued

Questions	Items	Response Scale	Composite computation	Range and interpretation	Cronbach alpha (α)
		All, some or none of the cost covered by the publicly funded health service, or unsure			
	Consultation	First or repeat			
	Number of previous complete cycles, if applicable	One, two, three or more			
Willingness to plan for multiple cycles					
	• Would you have been willing to plan for doing up to three complete cycles of IVF/ICSI at the start of treatment?	No/yes			
	• If you had to decide in advance, which choice would you make?				
	. . .Repeat a standard IVF/ICSI cycle	I would probably not agree to repeat a standard cycle (i.e., No), I would probably agree to repeat a standard cycle (i.e., Yes)			
	. . .Continue treatment (If the doctor thought you still had a chance of pregnancy)	I would probably stop treatment (i.e., No), I would probably continue with treatment (i.e., Yes)			
Antecedents of willingness (Adapted from Ajzen, 1991**)**					
Attitudes towards planning for multiple cycles	• Planning for the possibility of doing up to three complete cycles of IVF/ICSI treatment would be • Bad—Good • Harmful –Beneficial • Worthless -Valuable	Bipolar ([1–7])	Mean score	1–7, higher scores = more favourable attitudes	α =.81
Subjective norms	• I think my partner would want us to plan for the	Likert	Mean score	1–5, higher scores = more agreement	α =.76

(continued)

Supplementary Table SI Continued

Questions	Items	Response Scale	Composite computation	Range and interpretation	Cronbach alpha (α)
	possibility of doing up to three complete cycles of IVF/ICSI • In this matter I would want to do what my partner thought was best • I think most people who are close to me would want me to plan for the possibility of doing up to three complete cycles of IVF/ICSI • In this matter I would want to do what the people who are close to me thought was best • I think my doctor would want me to plan for the possibility of doing up to three complete cycles of IVF/ICSI • In this matter I would want to do what my doctor thought was best	(1–5, strongly disagree to strongly agree)			
Perceived behavioural control	• I am confident that I could plan for the possibility of doing up to three complete cycles of IVF/ICSI	Likert (1–5, strongly disagree to strongly agree)		1–5, higher scores = more agreement	
Challenges and benefits of planning for multiple cycles					
Challenges	• The ability to afford up to three complete cycles • The potential negative physical effects of the procedures (e.g., medication, egg collection, injections) • The potential burden of IVF/ICSI on my relationship	Likert (1–5, strongly disagree to strongly agree)	Mean score	1–5, higher scores = more agreement	α =.80

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Supplementary Table SI Continued

Questions	Items	Response Scale	Composite computation	Range and interpretation	Cronbach alpha (α)
	• The potential negative or stressful interactions with staff at the fertility clinic • The potential negative effect of doing IVF/ICSI treatment on my work and daily activities (e.g., having to take time off, recovery time) • Coping with the possibility that the IVF/ICSI cycle would be unsuccessful • The potential negative emotional effect of undergoing IVF/ICSI • Not knowing in advance how my body would react to stimulation drugs or treatment procedures • Not knowing in advance the chance of pregnancy if I did another cycle				
Benefits	• The possibility of increasing the chance of a live birth • Not having to decide after each unsuccessful cycle whether to do another cycle • Not having to negotiate with my partner after each cycle about whether to do another cycle • Setting the limit of what I would do in advance • Planning in advance the full financial cost of treatment • Knowing in advance the total time investment I would need to make • Reducing the decision time between cycles so I could start another cycle as soon	Likert (1–5, strongly disagree to strongly agree)	Mean score	1–5, Higher scores = more agreement	α =.84

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Supplementary Table SI Continued

Questions	Items	Response Scale	Composite computation	Range and interpretation	Cronbach alpha (α)
	as possible if one cycle was unsuccessful • Being able to see an unsuccessful cycle as a temporary set-back because I had decided to do up to three complete cycles. • Knowing that the information gained in one cycle could be used to improve the chance of pregnancy in the next cycle • Having a plan that would make me less likely to give up when the cycle did not go as expected • Having peace of mind of trying everything				
Decision-making context					
Decisional conflict (Adapted from O'Connor, 1995)	• I feel I have made an informed choice • The decision shows what is important to me • I expect to stick to my decision • I am satisfied with my decision • I am clear about the best choice for me • I feel sure about what to choose • The decision was easy for me to make	Likert (0–4, strongly disagree to strongly agree)	Items were summed, divided by the number of items and multiplied by 25	0–100, scores ≥ 25 = significant decisional conflict	α = .78
Treatment decisions could be made in advance	• . . .use **less** medication than in your prior cycle so the ovaries produced fewer eggs • . . .use **more** medication (stimulation) than in your	Dichotomous (No/Yes)		0–100%, total number of respondents who indicated yes to each question.	

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Supplementary Table SI Continued

Questions	Items	Response Scale	Composite computation	Range and interpretation	Cronbach alpha (α)
	last cycle so the ovaries produced more eggs • . . .use ICSI instead of IVF to improve the chance that sperm could fertilise the egg *ICSI puts the sperm directly into the egg • . . .put back more than one embryo in the womb to increase the chance of pregnancy • . . .to add on an extra technique to the standard IVF/ICSI cycle that was offered by the clinic but that **did not have evidence** to show it improved pregnancy rates • . . .to add on an extra technique to the standard IVF/ICSI cycle offered by the clinic that had **very little or mixed evidence** to show it improved pregnancy rates • . . .to add on an extra technique to the standard IVF/ICSI cycle that was offered by the clinic and that had **more than one good quality study** to show it improved pregnancy rates • . . .use donated eggs • . . .use donated sperm • . . .change your lifestyle to increase your chance of pregnancy (e.g., lose weight, quit smoking)				
Importance of making treatment decisions in advance	• . . .use **less** medication than in your prior cycle so the ovaries produced fewer eggs	Likert (1–5, not at all to extremely important)	Mean score	1–5, Higher scores = higher importance	α =.85

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Supplementary Table SI Continued

Questions	Items	Response Scale	Composite computation	Range and interpretation	Cronbach alpha (α)
	• . . .use **more** medication (stimulation) than in your last cycle so the ovaries produced more eggs • . . .use ICSI instead of IVF to improve the chance that sperm could fertilise the egg *ICSI puts the sperm directly into the egg • . . .put back more than one embryo in the womb to increase the chance of pregnancy • . . .to add on an extra technique to the standard IVF/ICSI cycle that was offered by the clinic but that **did not have evidence** to show it improved pregnancy rates • . . .to add on an extra technique to the standard IVF/ICSI cycle offered by the clinic that had **very little or mixed evidence** to show it improved pregnancy rates • . . .to add on an extra technique to the standard IVF/ICSI cycle that was offered by the clinic and that had **more than one good quality study** to show it improved pregnancy rates • . . .use donated eggs • . . .use donated sperm • . . .change your lifestyle to increase your chance of pregnancy (e.g., lose weight, quit smoking)				