

PRE-SCREEN QUESTIONNAIRE (1/08/2017)

Study title: Investigational Study into
Transplantation of the Uterus

Short title: INSITU

REC reference: 18/LO/0217

IRAS project ID: 235711

1) Information about yourself

Title:

First Name:

Surname:

Date of Birth:

Email address:

Telephone number: Home: Mobile:

Address:

GP name and address:

Country of Birth:

Do you currently live in the UK? Yes ☐ No ☐

If born outside the UK, how long have you lived in the UK?

Ethnicity:

2) Reason for infertility

1) **MRKH or other womb abnormality** Yes ☐ No ☐

If 'yes', please answer the questions in this subsection (1) and then proceed to section '3) Previous medical history'

If 'no', please proceed to subsection 2 'Previous Hysterectomy'

a) Have you had any operations to lengthen the vagina? Yes ☐ No ☐

If yes, please provide details including method and please include whether any other tissue such as intestine was used:

b) Have you used dilator therapy to attain adequate vaginal length?

Yes ☐ No ☐

c) Do you have any problems with your kidneys (Single kidney/horseshoe kidney etc)

Yes ☐ No ☐

If yes, please provide details and any subsequent treatment:

d) Do you have any problems with your ovaries? Yes ☐ No ☐

If yes, please provide details and any subsequent treatment:

e) Does MRKH affect any other organ (Skeleton/Ears/Heart/Fingers etc)?

Yes ☐ No ☐

If yes, please provide details and any subsequent treatment:

2) **Previous hysterectomy** Yes ☐ No ☐

If 'yes', please answer the questions in this section and then proceed to section '3) Previous medical history'.

If 'no', please proceed straight to section 3) Previous medical history'

a) What is the reason for the previous hysterectomy? Please give details below:

Year	Reason	Complications	Additional comments

- b) If the hysterectomy was for cancer what was the type of cancer?
- c) What year was it diagnosed?
- d) Please describe any further treatment since the operation (eg chemotherapy / radiotherapy):
- e) Have you been in remission (told the cancer has gone) for longer than 5 years?

Yes ☐

No ☐
- f) Do you still have both ovaries?

Yes ☐

No ☐
- g) Was the cervix removed during the operation (Total hysterectomy) or was it left behind (Sub-total hysterectomy)?

Total hysterectomy ☐

Sub-total hysterectomy ☐

3) Previous medical History

Height (cm):

Weight (kg):

Do you have any medical problems we should be aware of? Yes ☐ No ☐

If yes, please detail below:

Do you have any psychiatric problems we should be aware of? Yes ☐ No ☐

If yes, please detail below:

4) Previous Surgical History

Have you had any previous operations? Yes ☐ No ☐

If yes, please provide details:

Year	Operation	Complications	Additional comments

5) Medications

Do you take any medications regularly? Yes ☐ No ☐

If yes, please list the name and dose of the medication:

Do you have any allergies including to any medications?

6) Family History

Are there any significant medical conditions that affect your family?

Yes ☐

No ☐

If yes please list below:

7) Fertility questions

Have you previously considered adoption?

Yes ☐

No ☐

Have you previously attempted adoption?

Yes ☐

No ☐

Have you successfully adopted a child?

Yes ☐

No ☐

If so, how many?

Please explain the main reason you would rather have a uterine transplant over adoption:

Have you previously considered surrogacy?

Yes ☐

No ☐

Have you previously attempted surrogacy?

Yes ☐

No ☐

Have you successfully had a child born through surrogacy?

Yes ☐

No ☐

If so, how many?

Please describe the main reason why you would prefer to have a uterine transplant over using a surrogate:

Do you have any of your own eggs or embryos stored?

Yes ☐

No ☐

If yes,

How many are stored?

How old were you when they were retrieved?

If you have previously had a hysterectomy:

Had you given birth previously?

Yes ☐

No ☐

Did you have any previous miscarriages?

Yes ☐

No ☐

Did you have any previous terminations?

Yes ☐

No ☐

How many children did you have?

Yes ☐

No ☐

8) Social questions

Relationship status:

Single ☐ Married ☐ In relationship ☐ Divorced ☐

Length of current relationship:

Occupation:

What is your main language?

If your main language is not English, are you fluent in English?

Yes ☐ No ☐

Do you smoke?

Yes ☐ No ☐

If yes, how many cigarettes do you smoke a day?

Have you smoked previously?

Yes ☐ No ☐

If yes,

How many years did you smoke for?

On average how many cigarettes did you smoke per day?

When did you give up smoking?

Do you drink alcohol?

Yes ☐ No ☐

If yes, how many units of alcohol so you consume a week?

Do you use recreational drugs?

Yes ☐ No ☐

If yes, please give details below:

Have you been involved in fundraising or raising awareness for Womb Transplant UK?

If yes, please give details:

Yes ☐ No ☐

How many years have you been in contact with the researchers at Womb Transplant UK?

<1 ☐ 1-2 ☐ 3-4 ☐ >5 ☐**End of questionnaire – Thank you for your time**