Job Satisfaction & Fertility Coverage

Screening Questions

How old are you?

_____

If you stated you are less than 18 years old, you are not allowed to participate in this survey study. You can exit the survey. Thank you

What sex were you assigned at birth?
- ◯ Male
- ◯ Female

Are you a physician currently practicing medicine in the United States?
- ◯ Yes
- ◯ No

Do you utilize health insurance through your employer?
- ◯ Yes
- ◯ No

What is your current role?
- ◯ Medical student
- ◯ Resident
- ◯ Fellow
- ◯ Attending

Demographics

What best describes your gender identity?
- ◯ Female
- ◯ Male
- ◯ Transgender female
- ◯ Transgender male
- ◯ Non-binary
- ◯ Other
- ◯ Prefer not to answer

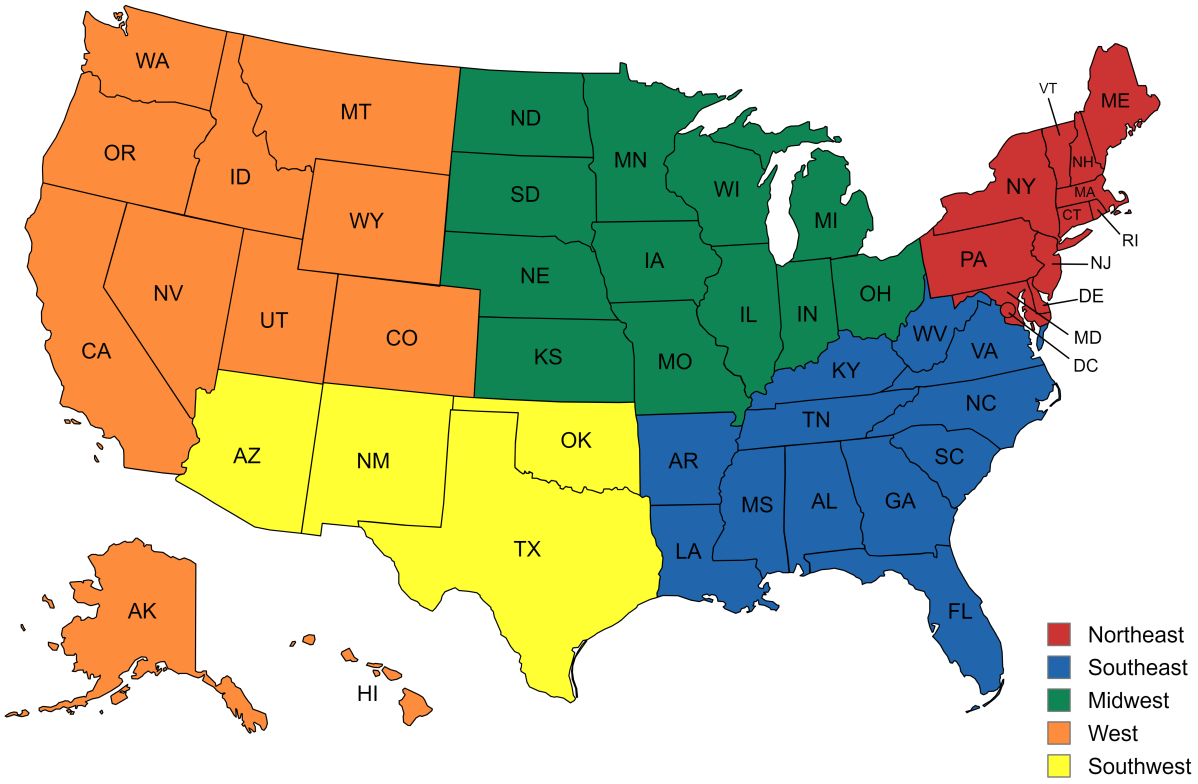
What best describes your sexual orientation?
- ◯ Asexual
- ◯ Bisexual
- ◯ Gay/Lesbian
- ◯ Heterosexual/Straight
- ◯ Pansexual
- ◯ Queer
- ◯ Prefer not to answer

What is your relationship status?
- ◯ Single
- ◯ Married
- ◯ Divorced/separated
- ◯ Living with partner
- ◯ Widow
- ◯ Prefer not to answer

What best describes your race?
- ◯ American Indian, Native Alaskan
- ◯ Asian
- ◯ Black or African American
- ◯ Native Hawaiian or Pacific Islander
- ◯ White
- ◯ More than one race
- ◯ Prefer not to answer

What best describes your ethnicity?

- ◯ Hispanic/Latina
- ◯ Non-Hispanic/Latina
- ◯ Prefer not to answer



Created with mapchart.net

Where do you currently live? (see map)

- ◯ Northeast
- ◯ Southeast
- ◯ Midwest
- ◯ Southwest
- ◯ West

Job History

What field of medicine do you practice? (e.g. internal medicine, general surgery, psychiatry) _____

How many years have you been in practice, including time in residency?

- ◯ < 1 year
- ◯ 1-4 years
- ◯ 5-9 years
- ◯ 10-15 years
- ◯ >15 years

What best describes your job setting?	◯ Academic medical center ◯ Community hospital ◯ Private practice ◯ Military hospital ◯ Other
Briefly describe your job setting	_____

What state is your employer based in?

- ◯ Alabama
- ◯ Alaska
- ◯ Arizona
- ◯ Arkansas
- ◯ California
- ◯ Colorado
- ◯ Connecticut
- ◯ Delaware
- ◯ District of Columbia
- ◯ Florida
- ◯ Georgia
- ◯ Hawaii
- ◯ Idaho
- ◯ Illinois
- ◯ Indiana
- ◯ Iowa
- ◯ Kansas
- ◯ Kentucky
- ◯ Louisiana
- ◯ Maine
- ◯ Maryland
- ◯ Massachusetts
- ◯ Michigan
- ◯ Minnesota
- ◯ Mississippi
- ◯ Missouri
- ◯ Montana
- ◯ Nebraska
- ◯ Nevada
- ◯ New Hampshire
- ◯ New Jersey
- ◯ New Mexico
- ◯ New York
- ◯ North Carolina
- ◯ North Dakota
- ◯ Ohio
- ◯ Oklahoma
- ◯ Oregon
- ◯ Pennsylvania
- ◯ Rhode Island
- ◯ South Carolina
- ◯ South Dakota
- ◯ Tennessee
- ◯ Texas
- ◯ Utah
- ◯ Vermont
- ◯ Virginia
- ◯ Washington
- ◯ West Virginia
- ◯ Wisconsin
- ◯ Wyoming

Think of your job in general. All in all, what is it like most of the time? For each word below, indicate whether or not this term describes your job.

	Yes	No	Can't decide
Good	◯	◯	◯
Undesirable	◯	◯	◯
Better than most	◯	◯	◯
Disagreeable	◯	◯	◯
Makes me content	◯	◯	◯
Excellent	◯	◯	◯
Enjoyable	◯	◯	◯
Poor	◯	◯	◯

I often think about quitting my job.

◯ Strongly agree
◯ Agree
◯ Somewhat agree
◯ Neutral
◯ Somewhat disagree
◯ Disagree
◯ Strongly disagree

Reproductive History

Which do you feel applies best to you regarding childbearing?

◯ Currently trying to have children
◯ Desire children in the future
◯ Completed childbearing
◯ Do not desire childbearing
◯ Unsure at this time
◯ Prefer not to answer

Have you ever been pregnant?

◯ Yes
◯ No
◯ Prefer not to answer

How many times have you been pregnant?

_____

How many children have you delivered?

_____

Have you ever been diagnosed with infertility?

◯ Yes
◯ No
◯ Prefer not to answer

Has your partner ever been diagnosed with infertility?

◯ Yes
◯ No
◯ Not applicable
◯ Prefer not to answer

Do you have a same-sex partner?

◯ Yes
◯ No
◯ Prefer not to answer

Have you ever pursued fertility treatments without a partner or egg freezing (oocyte cryopreservation)?

- ◯ Yes
- ◯ No
- ◯ Prefer not to answer

Have you ever undergone treatment for infertility, egg freezing, etc?

- ◯ Yes
- ◯ No
- ◯ Prefer not to answer

Fertility Coverage

Do you live in a state with state mandated fertility coverage?

- ◯ Yes
- ◯ No
- ◯ I don't know

Which best describes your current fertility coverage provided by your employer?

- ◯ Complete fertility coverage with no lifetime maximum by dollar amount or number of IVF cycles
- ◯ Coverage with lifetime maximum up to a certain dollar amount
- ◯ Coverage with lifetime maximum up to a certain number of IVF cycles
- ◯ I do not have fertility coverage through my employer
- ◯ I don't know

What is the maximum dollar amount?

_____

What is the maximum number of IVF cycles?

_____

How satisfied are your with your current fertility coverage?

- ◯ Very satisfied
- ◯ Satisfied
- ◯ Neither satisfied or dissatisfied
- ◯ Dissatisfied
- ◯ Very dissatisfied

Why are you not satisfied with your current coverage?

_____

How adequate is your current fertility coverage for you current medical needs?

- ◯ Extremely adequate
- ◯ Very adequate
- ◯ Somewhat adequate
- ◯ Not so adequate
- ◯ Not at all adequate

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
My workplace is family friendly.	◯	◯	◯	◯	◯
I have access to quality, cost-effective fertility coverage.	◯	◯	◯	◯	◯

Offering comprehensive fertility coverage would improve my overall job satisfaction	○	○	○	○	○
Fertility coverage does not impact my overall job satisfaction	○	○	○	○	○
I value fertility coverage when evaluating job opportunities	○	○	○	○	○
Fertility coverage would play a role in my accepting or declining a job offer.	○	○	○	○	○
I feel empowered to advocate for expansion of fertility coverage in my workplace.	○	○	○	○	○
I believe egg (oocyte) cryopreservation should be included with fertility coverage.	○	○	○	○	○
I believe comprehensive fertility coverage should be a required option for employer-sponsored health insurance plans.	○	○	○	○	○
I have considered egg (oocyte) cryopreservation myself, but felt I did not have adequate coverage for this procedure.	○	○	○	○	○
I believe comprehensive fertility benefits help diversity, inclusion, and equity in my workplace.	○	○	○	○	○