Form 1

Record ID

_____

About You

Name

_____

Age

_____

Sex Assigned at Birth

◯ Male
◯ Female
◯ Prefer not to answer

Are you comfortable sharing your gender identity?

◯ Yes ◯ No

What is your gender identity? (Please select all that apply)

☐ Man
☐ Woman
☐ Trans Woman
☐ Trans Man
☐ Non-binary
☐ Prefer to self-describe
☐ Prefer not to answer

Please explain

_____

Sexual Orientation (Please select all that apply)

☐ Heterosexual
☐ Gay
☐ Lesbian
☐ Bisexual
☐ Pansexual
☐ Asexual
☐ Queer
☐ Prefer to self-describe
☐ Prefer not to answer

Please Explain

_____

What is your racial or ethnic identity? (Please select all that apply)

- ☐ African-American / Black
- ☐ African or Afro-Caribbean
- ☐ White
- ☐ Hispanic or Latinx
- ☐ Middle Eastern or North African
- ☐ Native American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ East Asian (Ancestors from China, Japan, Mongolia, North Korea, South Korea, and Taiwan)
- ☐ South Asian (Ancestors from Brunei, Burma [Myanmar], Cambodia, Timor-Leste, Indonesia, Laos, Malaysia, the Philippines, Singapore, Thailand, and Vietnam)
- ☐ None of the above, please specify
- ☐ Prefer not to answer

Are you taking CFTR modulator therapies?

- ◯ Alyftrek (vanzacaftor/tezacaftor/deutivacaftor)
- ◯ Kalydeko (ivacaftor),
- ◯ Orkambi (lumacaftor/ivacaftor)
- ◯ Symdeko (tezacaftor/ivacaftor)
- ◯ Trikafta (elexacaftor/tezacaftor/ivacaftor)
- ◯ None of the above

About Your Family Plans

Do you currently have any children? ◯ Yes ◯ No

How many children do you have? _____

Are you planning to have children in the future?

- ◯ Yes
- ◯ No
- ◯ Undecided

Please select all that apply

- ◯ Currently pregnant/expecting
- ◯ Currently trying to conceive
- ◯ Plan to have children in the next 1-2 years
- ◯ Plan to have children in the next 2-5 years
- ◯ Plan to have children in the next 5-10 years
- ◯ Plan to have children, but not for in the next 10+ years

Does/did your diagnosis of CF factor into your decision to have children?

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

Please elaborate on how your diagnosis influenced this decision _____

Genetic counseling is a process of helping people understand the medical, psychosocial, and familial implications of genetic disorders, like CF. Have you heard of genetic counseling before?

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

Have you received genetic counseling before?

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

How helpful did you find it?

- ◯ Not at all helpful
- ◯ A little helpful
- ◯ Moderately helpful
- ◯ Very helpful
- ◯ Don't know

How helpful do you think it would be?

- ◯ Not at all helpful
- ◯ A little helpful
- ◯ Moderately helpful
- ◯ Very helpful
- ◯ Don't know

How important would it be to talk about these subjects with a healthcare provider?

	Not at all helpful	A little helpful	Don't know	Moderately helpful	Very helpful	Prefer not to answer
The impact of CF on fertility and/or pregnancy	◯	◯	◯	◯	◯	◯
The impact of CFTR modulators on fertility and/or pregnancy	◯	◯	◯	◯	◯	◯
How sex hormones including hormonal contraceptives affect a person's CF	◯	◯	◯	◯	◯	◯
Assisted reproductive technologies like IVF and/or sperm retrieval	◯	◯	◯	◯	◯	◯
Sperm/egg donors	◯	◯	◯	◯	◯	◯
Surrogacy	◯	◯	◯	◯	◯	◯
Adoption	◯	◯	◯	◯	◯	◯
Carrier screening for partners (or other family members)	◯	◯	◯	◯	◯	◯
Prenatal diagnostic testing and/or screening options	◯	◯	◯	◯	◯	◯
Mental health concerns (including body image, postpartum depression, parental stress, etc.)	◯	◯	◯	◯	◯	◯

What concerns, if any, do you have related to your reproductive health?

Follow-up

Would you like to receive a $10 tango gift card for participating in the survey?	◯ Yes ◯ No
Would you be willing to be contacted for a follow-up interview to gather more information on your reproductive healthcare needs?	◯ Yes ◯ No
Please provide your email address	_____
Please provide your phone number	_____