

Survey Instrument: Sperm Bank Practice

QUESTIONNAIRE : — _____

NATIONAL INFERTILITY SURVEY

SEMEN BANKING SEGMENT

PLEASE READ THE QUESTION AND MARK THE SPACE BELOW THE QUESTION THAT MOST NEARLY CORRESPONDS TO YOUR ANSWER. AFTER EACH ANSWER CONTINUE WITH THE NEXT QUESTION UNLESS THERE IS AN INSTRUCTION TO SKIP TO A PARTICULAR QUESTION.

1. Does your organization provide homologous semen banking, heterologous semen banking, or both?

Heterologous only. . . . ____ -1 --> SKIP TO Q8
 Homologous only, ____ -2
 Both. ____ - 3

IF NO SEMEN BANKING, PLEASE NOTE AND RETURN THIS QUESTIONNAIRE

2. Do you require the consent of a donor's spouse or partner before agreeing to store semen?

Yes. ____ 1
 No. ____ 2

3. Which of the following are cited as reasons for homologous storage?

About to undergo vasectomy. ____ 1
 Fear of gamete damage due
 to radiation or chemotherapy. . . ____ -2
 Fear of damaging occupational
 exposures. ____ 3
 Fear of future infertility. ____ -4
 Desire to have children after
 death. ____ 5
 Other (SPECIFY)
 _____ ____ -6

4. How long will you store the specimen?

_____ YEARS
 As long as requested. . . . ____ -1

5. What is the initial processing fee?

\$ _____

6. What is the annual storage fee?

\$ _____

7a. Do you have a protocol for disposal of specimen after the death of donor?

Yes..... -1
 No..... -2 --> SKIP TO Q8

7b. Which of the following do you normally do?

Destroy sample -1
 Use for anonymous donation, - 2
 Request instructions from
 wife or relatives. - 3
 Other (SPECIFY) -4

7c. Would you honor instructions from the donor for post-mortem insemination of a wife or surrogate?

Yes..... - 1
 No..... - 2

v

8. Approximately how many semen samples for heterologous insemination do you sell per month?

— . —

None, homologous only. . . - 1 --> SKIP TO Q20

90. Do you sell semen samples to recipients directly or only through doctors, clinics or other third parties?

Directly to recipients. . -1
 Only through doctors. . . - 2 --> SKIP TO Q10a
 Both..... - 3

9b. Do you require recipients to provide an accompanying physician request?

Yes. . . , -1
 No. . . . - 2

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10a Do you reject requests for specimens if the recipient seems unsuitable?

Yes. . . -1
 No. . . - 2 --> SKIP TO Q11a

10b. Have you ever rejected or would you be likely to reject a request for artificial Insemination for a potential recipient because she was/has:

	Have Rejected	Would Be Likely to Reject	Not Likely to Reject
a. Less than 18 years old.	___ -1	___ -2	___ -3
b. Over 40 years old.	___ -1	___ -2	___ -3
c. Welfare dependent.	___ -1	___ -2	___ -3
d. Psychological immature.	___ -1	___ -2	___ -3
e. Married.	___ -1	___ -2	___ -3
f. Less than average height.	___ -1	___ -2	___ -3
g. Less than high school degree.	___ -1	___ -2	___ -3
h. Less than average intelligence.	___ -1	___ -2	___ -3
i. Criminal record.	___ -1	___ -2	___ -3
j. Evidence of drug abuse.	___ -1	___ -2	___ -3
k. Evidence of alcohol abuse.	___ -1	___ -2	___ -3
l. Evidence of child abuse.	___ -1	___ -2	___ -3
m. Homosexual contacts.	___ -1	___ -2	___ -3
n. Syphilis	___ -1	___ -2	___ -3
o. Gonorrhea.	___ -1	___ -2	___ -3
p. Genital herpes.	___ -1	___ -2	___ -3
q. History of serious genetic disorders.	___ -1	___ -2	___ -3
r. Hepatitis.	___ -1	___ -2	___ -3
s. HIV (HTLV) positive.	___ -1	___ -2	___ -3
t. Cytomegalovirus.	___ -1	___ -2	___ -3
u. Intravenous drug use.	___ -1	___ -2	___ -3
v. Multiple heterosexual partners.	___ -1	___ -2	___ -3
w. Sexual contact with AIDS cases.	___ -1	___ -2	___ -3
x. Residences in high AIDS area.	___ -1	___ -2	___ -3

ha. Do you allow recipients or their physicians to provide specifications for a donor or not?

Yes. ___ -1
 No. ___ -2 --> SKIP TO Q.12a

11b. Which of the following donor characteristics are you normally willing to try to match, if requested:

	Willing	Not Willing
Age.	___ -1	___ -2
Height.	___ -1	___ -2
Weight.	___ -1	___ -2
Eye color.	___ -1	___ -2
Hair texture.	___ -1	___ -2
Complexion.	___ -1	___ -2
Body type	___ -1	___ -2
Race	___ -1	___ -2
Ethnic or national origin.	___ -1	___ -2
Religion	___ -1	___ -2
I.Q.	___ -1	___ -2
Income.	___ -1	___ -2
Educational attainment.	___ -1	___ -2
Special abilities.	___ -1	___ -2
Hobbies or interests.	___ -1	___ -2

12. Do you allow recipients to reserve a particular donor for future use?

Yes. -1
 No. -2

130. Do you offer sperm separation for preconception gender selection?

Yes. -1
 No. -2 --> SKIP TO Q14

13b. What is your average charge for this service?

\$ _____

13c. In your experience, in what proportion of cases where sex selection is attempted is the selection successful?

_____ %

Don't Know ____ -888

14. Are the following characteristics deliberately overrepresented in your inventory, deliberately underrepresented, or about normal?

	OVER REP.	UNDER REP.	ABOUT NORMAL	NOT SURE
College or graduate degree holder.	____ -1	____ -2	____ -3	____ -4
Better than average 10.	____ -1	____ -2	____ -3	____ -4
Better than average occupational status/achievements.	____ -1	____ -2	____ -3	____ -4
Greater than average height for ethnic group. . .	____ -1	____ -2	____ -3	____ -4
Greater than average athletic ability.	____ -1	____ -2	____ -3	____ -4
Better than average looks.	____ -1	____ -2	____ -3	____ -4
Better than average artistic ability.	____ -1	____ -2	____ -3	____ -4
Member of particular religious group.	____ -1	____ -2	____ -3	____ -4
Member of particular nationality.	____ -1	____ -2	____ -3	____ -4

15. How do you obtain donors?

Word of mouth. -1
 Advertisement in general
 interest newspapers or magazines. -2
 Advertisement in student
 newspapers or magazines. -3
 Flyers. -4
 Direct mail or telephone solicitation. . . -5
 Referral from other sperm bank... . . . -6
 Referral from physicians. -7
 Other. -8

16. What percentage of the inventory that you offer comes from:

- Yourself. _____ %
- Other physicians. _____ %
- Medical students. _____ %
- Graduate students. _____ %
- University faculty. _____ %
- Hospital personnel. _____ %
- Nonhospital personnel. _____ %
- Andrology laboratory. _____ %
- Other. _____ %

17 How much do you pay donors per ejaculation?

\$ _____

18 On average, how often do donors come to donate?

- Weekly. _____ -1
- Monthly. _____ -2
- A few times a year. _____ -3
- Annually. _____ -4
- Less often. _____ -5

19 On average, for how many years do donors continue to donate?

_____ YEARS

20 Do you require any form of screening before accepting donors?

- Yes, heterologous only. _____ -1
- Yes, heterologous and homologous. _____ - 2
- No, neither. _____ -3 --> SKIP TO Q27a

21 Prior to acceptance as o donor, do you normally require the following from heterologous donors only, homologous donors only, both or neither?

	HETEROLOGUS	HOMOLOGOUS	BOTH	NEITHER
a. Personal medical history.	_____ -1	_____ -2	_____ -3	_____ -4
b. Family medical and genetic history.	_____ -	_____ -2	_____ -3	_____ -4
c. Fertility history.	_____ -1	_____ -2	_____ -3	_____ -4
d. Physical examination.	_____ -1	_____ -2	_____ -3	_____ -4
e. Personality assessment.	_____ -1	_____ -2	_____ -3	_____ -4
f. Karyotyping.	_____ -1	_____ -2	_____ -3	_____ -4

22a. Do you ever require special screening for genetic defects or diseases from donors, prior to accepting them for artificial insemination?

- _____ No..... -1 --> SKIP TO Q22c
- _____ Yes, heterologous only. -2
- _____ Yes, homologous and heterologous. - 3

22b. Under what circumstances do you require special screening of donors for genetic defects or diseases?

v

22c, Do you require any other diagnostic tests for donors prior to initial acceptance, not counting analysis of sperm?

- _____ No..... -1 --> SKIP TO 023
- _____ Yes, heterologous only. -2
- _____ Yes, heterologous and homologous. -3

22d. Which diagnostic tests do you require?

v

23. Do you normally require screening of the semen of donors for fertility or not?

- _____ Don't require screening. -1
- _____ Require screening for heterologous only. -2
- _____ Require screening for both
heterologous and homologous donors. -3

24. Have you ever rejected a donor because he was/has:

	Have Rejected Homologous Donor	Have Rejected Heterologous Donor	Have never Rejected Donor
a. Less than 18 years old.	- 1	-2	-3
b. Over 40 years old.	- 1	-2	-3
c. Welfare dependent.	- 1	-2	-3
d. psychological immature.	-1	-2	-3
e. Married.	-1	-2	-3
f. Less than average height.	-1	-2	-3
g. Less than high school degree.	-1	-2	-3
h. Less than average intelligence.	- 1	-2	-3
i. Criminal record.	-1	-2	-3
j. Evidence of drug abuse.	-1	-2	-3
k. Evidence of alcohol abuse.	-1	-2	-3
l. Evidence of child abuse.	-1	-2	-3
m. Homosexual contacts.	-1	-2	-3
n. syphilis.	-1	-2	-3
o. Gonorrhoea.	-1	-2	-3
p. Genital herpes.	- 1	-2	-3
q. History of serious genetic disorders.	- 1	-2	-3
r. Hepatitis.	-1	-2	-3
s. HIV (HTLV) positive.	-1	-2	-3
t. Cytomegalovirus.	-1	-2	-3
u. Intravenous drug use.	-1	-2	-3
v. Multiple heterosexual partners.	-1	-2	-3
w. Sexual contact with AIDS cases.	- 1	-2	-3
x. Residences in high AIDS area.	-1	- 2	-3

25. For each of the following conditions, would you be likely to reject a heterologous donor only if he had the condition, if anyone in the donor's immediate family had the condition, or would you not reject a donor even if he had the condition?

	Reject Only if Donor Has:	Reject if Family History	Not Reject Even if Donor Has:
a. Toy-Sachs.	- 1	- 2	- 3
b. Diabetes.	-1	- 2	- 3
c. Hemophilia.	-1	- 2	- 3
d. Depression.	-1	- 2	- 3
e. Asthma.	-1	- 2	- 3
f. Cystic fibrosis.	-1	- 2	- 3
g. Mental retardation.	-1	- 2	- 3
h. Obesity	-1	- 2	- 3
i. Huntington's chorea.	-1	- 2	- 3
j. Duchenne muscular dystrophy.	-1	- 2	- 3
k. Sickle cell anemia.	-1	- 2	- 3
l. Thalessemia.	-1	- 2	- 3
m. Hypercholesterolemic heart disease.	- 1	- 2	- 3
n. Neurofibramitois	-1	- 2	- 3
o. Malignant melanoma	- 1	- 2	- 3
p. Alzheimer's disease.	-	- 2	- 3
q. Severe astigmatism.	- 1	- 2	- 3

26. Do you inform donors who have been rejected about the reasons for their rejection?

Yes. - 1
 No. - 2

27a. Do you routinely screen donors for AIDS?

Yes, all donors. - 1
 Yes, heterologous and homologous donors from high risk groups. -2
 Yes, only high risk heterologous. - 3
 No routine AIDS screening. -4 --> SKIP TO Q32

27b. Does your routine AIDS screening involve diagnostic tests, such as Western blot, or is it limited to self-reported medical conditions?

Diagnostic test. - 1 SKIP TO Q28a
 Self-report. -2

27c. If high risk for AIDS is reported in medical history, do you conduct any follow-up diagnostic tests or not?

Yes. - 1
 No. - 2

28a. If a new donor tests negative to HIV do you quarantine semen for further testing of the donor or not?

1 Yes, quarantine. -1 ANSWER Q28b
 No, don't quarantine. - 2 --> SKIP TO 029
 Depends. -3 --> SKIP TO 029

28b. How long is the quarantine period?

__ MONTHS

29 How often are heterologous donors retested for AIDS?

Before each donation. - 1
 Every six months. -2
 Annually. -3
 Occasionally. - 4
 Never. -5

30 Do you tell donors if they have tested positive?

Yes. - 1
 No. -2

31a. Would you inform the wife or partner of a homologous donor, if tests indicated that the donor had:

	WOULD INFORM	WOULD NOT INFORM	NOT SURE
a.ARC or full blown AIDS	___-1	___-2	___-3
b.HIV positive	___-1	___-2	___-3
c.Other infectious disease	___-1	___-2	___-3
d.High risk to severe genetic defect for offspring	___-1	___-2	___-3

31b Would you inform the wife or partner of a heterologous donor, if tests indicated that the donor had:

	WOULD INFORM	WOULD NOT INFORM	NOT SURE
a.ARC or full blown AIDS	___-1	___-2	___-3
b.HIV positive	___-1	___-2	___-3
c.Other infectious disease	___-1	___-2	___-3
d.High risk to severe genetic defect for offspring	___-1	___-2	___-3

32. What is your standard charge for a semen sample?

\$ _____

33. How many inseminations can be made per sample?

34. Do you inform donors of:

	Yes	No
a. Number of samples sent out.	___-1	___-2
b. Number of women inseminated. . . ,	___-1	___-2
c. Number of babies born as a result.	___-1	___-2

RECORDKEEPING

35. Do you keep records that would permit you to identify the specific donor for any specific pregnancy?

No. -1 --> SKIP TO 038
 Yes. -2

36. Do you keep records for each donor of:

	Yes	No
Number of women inseminated.	- 1	- 2
Number of pregnancies achieved.	- 1	- 2
Number of Children born.	- 1	- 2
Physical examination.	- 1	- 2
Family genetic history.	- 1	- 2
Follow-up examinations.	- 1	- 2

37. Would you permit access to donor records, including the name of the donor, only excluding the name of the donor, or not at all, to:

	Access with Name	Access With- out Name	No Access
Donor.	-1	-2	-3
Recipient.	-1	-2	-3
Recipient partner.	-1	-2	-3
Offspring of insemination.	-1	-2	-3
Public health department.	-1	-2	-3
Research scientists.	-1	-2	-3
Judicial requests.	-1	-2	-3

QUALITY ASSURANCE

38. Are you aware of any specific professional guidelines or suggested procedures for the selection recipients or donors for artificial insemination?

No. -1 --> SKIP TO 041
 Yes. - 2

39. Have you adopted any of these guidelines or procedures as your protocol for artificial insemination?

No. - 1 --> SKIP TO Q41
 Yes. -2

43. What is the name of those guidelines that you use?

QUALITY ASSURANCE

41. How adequate do you think that present professional practices of artificial Insemination are in terms of protecting the:

	More than Adequate	Adequate	Less than Adequate
a. Recipient's safety	___-1	___-2	___-3
b. Donor's privacy	___-1	___-2	___-3
c. Offspring's rights.	___-1	___-2	___-3
d. Physician's liability	___-1	___-2	___-3

42. For each of the following agencies, would you like to see their involvement in the quality assurance of artificial insemination procedures increased, remain the same, decreased, or eliminated?

	Increased	Remain the Same	Decreased	Eliminated
a Local medical boards	___-1	___-2	___-3	___-4
b. National medical societies.	___-1	___-2	___-3	___-4
c. State public health agencies.	___-1	___-2	___-3	___-4
d. Federal public health agencies.	___-1	___-2	___-3	___-4
e. Hospital PROS.	___-1	___-2	___-3	___-4
f Courts.	___-1	___-2	___-3	___-4

43. Would you tend to favor or oppose the establishment of national standards for artificial insemination for:

	Favor	Oppose
a Recipient screening.	___-1	___-2
b Donor screening	___-1	___-2
c Record keeping requirements	___-1	___-2

44. Do you believe that the procedures for surrogate motherhood should be regulated by federal law, state law or not regulated by law?

Federal law	___-1
State law	___-2
No law	___-3

45a. Have you ever encountered any legal problems as a result of your practice of artificial Insemination?

No. — 1 --> SKIP TO Q.46
 Yes. — 2

45b. Could you provide a general description of the kind of legal problem that you have encountered?

46. How do you feel about the following general statements concerning artificial insemination? For each statement, please indicate whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly
a. Artificial Insemination should be more widely used to treat infertility.	— 1	— 2	— 3	— 4
b. Physician acceptance of recipients should be based solely on health issues.	— 1	— 2	— 3	— 4
c. Self insemination is a reasonable alternative to physician assisted insemination in many cases.	— 1	— 2	— 3	— 4
d. Patient requests for artificial insemination should be honored, regardless of marital status or sexual orientation.	— 1	— 2	— 3	— 4
e. Offspring of artificial Inseminations should have a right to communicate with their genetic fathers.	— 1	— 2	— 3	— 4
f. Patient requests for artificial insemination frequently raises moral issues for physicians.	— 1	— 2	— 3	— 4
g. There is nothing wrong with sperm banks which specialize in donors with intellectual, artistic or athletic gifts.	— 1	—	— 2-3	— 4

THANK YOU FOR YOUR ASSISTANCE. PLEASE PLACE THE COMPLETED SURVEY IN THE RETURN ENVELOPE ENCLOSED.