



INVUL-  
PSY-E

## SINGLE PARENTING QUESTIONNAIRE

Dear Madam,

You contacted us for fertility treatment with donor sperm. Please fill out and return the questionnaire to complete your application. You can return the filled out and signed form to us, either by email at [info@brusselsivf.be](mailto:info@brusselsivf.be) or by post to the address specified at the bottom of this page – attn. 'Psychologists Brussels IVF'.

Based on the information you provide in this questionnaire, a decision will be made as to whether you will be invited for an introductory talk. You will be notified of a possible negative decision in writing. If you do not return the questionnaire, we cannot process your request.

Please take into account there is a waiting list. It may take some time before your request is processed.

You can rest assured that all provided information is treated confidentially. Your filled out questionnaire is not scanned to be added to your file: only our psychologists take note of it.

If you are invited for a consultation, the psychologist draws up a report. That report is added to your file and can be viewed by other Brussels IVF employees involved in your treatment.

It is also possible that the data you provide is used for study purposes. This is completely anonymous: the researchers will not be able to identify you as a person by the data processing.

Please could you read and sign the following statement?  
« I undertake to answer all questions truthfully and to enter all requested information as correctly as possible. »

**Name + First name** ▶ .....

.....

**Date** ▶ .....

**Signature** ▶  
Please write 'read and approved'.

Thank you for your co-operation,  
kind regards,

Prof. Dr. Herman Tournaye  
Clinical and Scientific Head of Department  
Brussels IVF  
Universitair Ziekenhuis Brussel

## SINGLE PARENTING QUESTIONNAIRE

## YOUR PERSONAL DETAILS

Name ▶ .....  
 First name ▶ .....  
 Date of birth ▶ .....  
 Occupation ▶ .....  
 Education ▶ .....

Address ▶ .....  
 Telephone number (during the day) ▶ .....  
 Telephone number (in the evening) ▶ .....  
 E-mail ▶ .....

## Do you work?

Yes  No

## If not, are you:

looking for a job  unable to work (disabled)  
 Do you receive benefits?  Yes  No

## Do you live alone?

Yes  No

## If not, do you live with your parents?

Yes  No

## Are there other people living under the same roof with you?

Yes  No

## If so, who are these housemates?

a partner  
 a child(ren): number ▶ .....  
 child(ren) of a previous relationship  
 foster child(ren)  
 adopted child(ren)  
 sister  
 brother  
 other ▶ .....

## Have you been/Are you in contact/having therapy with a psychologist/psychiatrist/therapist?

No  
 Yes. - Please explain briefly when and the reason why?

▶ .....  
 .....

## Did you/Do you take psychotropics?

No  
 Yes - Which ones, (since) when and what is/was the reason?

▶ .....  
 .....

## What is your sexual orientation?

Heterosexual  Homosexual  
 Bisexual  Asexual  
 Transsexual  
 Other: ▶ .....

## Have you had (a) partner relationship(s) in the past?

Yes  No

## If so, was this:

a non-cohabiting relationship(s) (longer than 6 months)  
 number ▶ .....  
 a cohabiting relationship(s) - number / how long  
 ▶ .....  
 marriage(s) - number / how long  
 ▶ .....

## If you've been married, did you also get divorced?

Yes  No

## Are you currently in a relationship?

Yes  No

## If yes, what role do you see that partner taking on regarding your project of intentional single motherhood?

▶ .....  
 .....

## Are you looking for a partner/relationship?

Yes  No

## When did your last relationship end?

less than 6 months ago  
 less than 1 year geleden  
 less than 2 years geleden  
 more than 2 years geleden

## What do you expect in the future in terms of relationship?

▶ .....  
 .....

## Parental family (original family)

				f / m / x
Parent1	<input type="radio"/> alive	<input type="radio"/> dead	<input type="checkbox"/> no contact	<input type="radio"/> <input type="radio"/> <input type="radio"/>
Parent2	<input type="radio"/> alive	<input type="radio"/> dead	<input type="checkbox"/> no contact	<input type="radio"/> <input type="radio"/> <input type="radio"/>

Sisters: number ▶ .....

Brothers: number ▶ .....

Parents:  together  divorced

## If separated/divorced, what impact did this have on you?

▶ .....  
 .....

## SINGLE PARENTING QUESTIONNAIRE

How long have you wanted to have children?

▶ .....  
.....

How long have you wanted to be a single mother?

- less than 6 months       less than 1 year  
 less than 2 years       more than 2 years

What influenced your choice for single motherhood?

▶ .....  
.....

What was the most difficult aspect when making your choice?

▶ .....  
.....

What alternatives did you consider and why?

▶ .....  
.....

How did you know you would be able to handle this lifelong responsibility?

▶ .....  
.....

What do you expect will be the most difficult aspect of being a single mother?

▶ .....  
.....

How long have you been thinking about donor insemination as a means of fulfilling your desire to have children as a single person?

- less than 6 months       less than 1 year  
 less than 2 years       more than 2 years

Why do you want treatment with donor sperm at our centre?

▶ .....  
.....

Have you considered sperm donation with a known donor?

▶ .....  
.....

What are the advantages of becoming pregnant with anonymous sperm donor?

▶ .....  
.....

What are the disadvantages of becoming pregnant by an anonymous sperm donor?

▶ .....  
.....

What are the advantages for your child of being conceived by an anonymous sperm donor?

▶ .....  
.....

What are the disadvantages for your child of being conceived by an anonymous sperm donor?

▶ .....  
.....

What is it like for a child to grow up without a father?

▶ .....  
.....

Whom did you talk to concerning treatment with donor sperm to become a single mother?

- mother       father       sister(s)       brother(s)  
 other relatives

Who? ▶

- female friends       male friends  
 acquaintances       colleagues  
 other

Who? ▶

Did anyone react negatively?

- Yes       Nobody

If so, who?

▶ .....  
.....

What was their initial reaction?

▶ .....  
.....  
.....

# SINGLE PARENTING QUESTIONNAIRE

From whom do you expect the most support regarding your intention to be a single mother?

- mother
- father
- sister(s)
- brother(s)
- other relatives

Who? ▶ .....

- female friends
- male friends
- acquaintances
- colleagues
- other

Who? ▶ .....

Who will look after your child in case you die?

▶ .....

.....

.....

If my child were to ask about his father, my answer would be:

▶ .....

.....

.....

.....

What will you tell the child when he/she wonders why you were unable to find a dad for him/her?

▶ .....

.....

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What will the impact be on you if we are unable to start the treatment?

▶ .....

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## NOTES

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