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| **Questionnaire concerning motherhood options within women with Turner Syndrome.** |

Dear Leadies!

We are a team working in the Departament of Paediatrics and Paediatric Endocrinology in Katowice, Poland. We provide the wide-range care for patients with Turner Syndrome from the moment of diagnosis till the transition into adult healthcare. We have been working on the possibility of ovarian tissue preservation within our adolescent patients with intention of using it for fertilization in adult life.

The purpose of this short questionnaire is to establish the real need for such research. We would like to know your honest opinion on pregnancy and motherhood.

This questionnaire is designed for women with Turner Syndrome over the age of 18 years old. It should only take 5 minutes. Your participation is voluntary and you are under no obligation to take part in this survey. By anonymously completing this questionnaire and submitting the information, you agree for it to be used for the purposes described.  
If you have any questions about the survey, please email us: mallgorzatawegiel@gmail.com  
We really appreciate your input!

Top of Form

**Question Title**

1. In what country do you live?



**Question Title**

2. How old are you?

18-24

25-34

35-44

45-54

55-64

65+

**Question Title**

3. At what age the diagnosis of Turner Syndrome was done?

during the pregnancy and confirmed after birth

in the first year of life

before 3 years of age

between 3-6 years of age

between 7-9 years of age

between 10-15 years of age

after 15 years of age

I do not remember

I do not know

**Question Title**

4. What is your karyotype?

45,X

mosaic 45,X/46,XX

mosaic 45,X/46,XY

I do not remember

I do not know

Other (please specify)



**Question Title**

5. Did you menstruate spontaneously (before estrogen therapy)?

Yes

No

I do not know

**Question Title**

6. Age of first menstruation



**Question Title**

7. At what age did you start estrogen theraphy?

before 10 years of age

between 10-12 years of age

between 13-14 years of age

between 15-16 years of age

between 17-18 years of age

after 18 years of age

I have not estrogen theraphy started

I do not remeber

Other (please specify)



**Question Title**

8. Have you ever had motherhood options discussed with a physician?

Yes, before the age of 18

Yes, after the age of 18

Yes, but only when I became interested in this topic

No

**Question Title**

9. What’s your opinion on having children?

I would like to have children

I do not want to have children

I have biological children - spontaneus pregnancy

I have biological children - from oocyte donation

I have biological children - from own oocyte cryopreservation

I have adopted children

I do not know

Other (please specify)



**Question Title**

10. If you had your ovarian tissues preserved in your childhood, would you like to use it for the pregnancy in the adult age?

Yes

No

I do not know

**Question Title**

11. Do you have you oocytes/ovarian tissue preserved?

Yes - after the 18 years of age

Yes - before the 18 years of age

No - I was never interested in such topic

No - I did not have such medical oportunity

Other (please specify)



**Question Title**

12. Are you aware of the risk associated with pregnancy in women with Turner Syndrome?

Yes

No

**Question Title**

13. Do you have contraindications to pregnancy?

Yes

No

I do not know

**Question Title**

14. Do you suffer from an arterial hypertension?

Yes

No

I do not know

**Question Title**

15. Do you receive cardiologist’s care?

Yes

No

I did in the past

**Question Title**

16. Do you have a heart defect diagnosed?

Yes

No

I do not know

Bottom of Form