

Date of questionnaire completion /

d d m m y y y y

 Have you accessed any of the following services in the **last three months?** Yes No
 ↓

(✓) Service	Number of contacts...		
	at home	at clinic / surgery	via phone / email
<input type="checkbox"/> GP	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Practice nurse	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Walk-in centre		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Dentist		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Pharmacist		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Physiotherapist	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Occupational therapist	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Dietician	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Social worker	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Health visitor	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Community psychiatric / mental health nurse	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

 Have you accessed any other services, not listed above, in the **last three months?** Yes No
 (e.g. complementary therapies) ↓

Service (please provide details)	Number of contacts...		
	at home	at clinic / surgery	via phone / email
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Have you attended accident and emergency in the ***last three months***? Yes No

Yes No
↓

How many visits?

Did any of these result in an overnight stay? Yes No

(please complete one line in the table below for each admission)

Yes No
↓

#	Reason	Total nights
1		<input type="text"/> <input type="text"/>
2		<input type="text"/> <input type="text"/>
3		<input type="text"/> <input type="text"/>
4		<input type="text"/> <input type="text"/>
5		<input type="text"/> <input type="text"/>

Have you had any planned visits to hospital in the ***last three months***? Yes No

Yes No
↓

How many visits?

(please complete one line in the table below for each admission)

#	Reason	Day case (outpatients) or overnight stay (admitted)?	Total nights (if overnight stay)
1		<input type="checkbox"/> Day case <input type="checkbox"/> Overnight stay	<input type="text"/> <input type="text"/>
2		<input type="checkbox"/> Day case <input type="checkbox"/> Overnight stay	<input type="text"/> <input type="text"/>
3		<input type="checkbox"/> Day case <input type="checkbox"/> Overnight stay	<input type="text"/> <input type="text"/>
4		<input type="checkbox"/> Day case <input type="checkbox"/> Overnight stay	<input type="text"/> <input type="text"/>
5		<input type="checkbox"/> Day case <input type="checkbox"/> Overnight stay	<input type="text"/> <input type="text"/>

Have you used the ambulance service in the ***last three months***? Yes No

Yes No
↓

Number of ambulance call outs



How many of these took you to hospital?



Health resource use

3 months

ES /

Date of questionnaire completion

d d m m y y y y

Have you accessed any of the following services in the **last three months**?

Yes No
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(✓)	Service	Number of contacts...		
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<input type="checkbox"/>	Practice nurse	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Walk-in centre		<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Dentist		<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Pharmacist		<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Physiotherapist	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Occupational therapist	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Dietician	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Social worker	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Health visitor	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Community psychiatric / mental health nurse	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Midwife	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you accessed any other services, not listed above, in the **last three months**?
 (e.g. complementary therapies)

Yes No
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	at home	at clinic / surgery	via phone / email
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	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>



Health resource use

3 months

ES /

Have you had any pregnancy-related ultrasound scans in the **last three months**? Yes No
↓

Number of scans on the NHS **OR** No scans on the NHS

Number of private scans **OR** No private scans

Have you attended accident and emergency in the **last three months**? Yes No
↓

How many visits?

Did any of these result in an overnight stay?

Yes No
↓

(please complete one line in the table below for each admission)

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Have you had any planned visits to hospital in the **last three months**? Yes No
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How many visits?

(please complete one line in the table below for each admission)

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Have you used the ambulance service in the **last three months**? Yes No
↓

Number of ambulance call outs

↳ How many of these took you to hospital?



Health resource use

6 weeks post-partum

ES /

Date of questionnaire completion

d d m m y y y y

Have you accessed any of the following services in the *last three months*?

Yes No
 ↓

(ü)	Service	Number of contacts...		
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Have you accessed any other services, not listed above, in the *last three months*?
 (e.g. complementary therapies)

Yes No
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	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Health resource use

6 weeks post-partum

ES /

Have you had any pregnancy-related ultrasound scans in the *last three months*? Yes No
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Number of scans on the NHS OR No scans on the NHS

Number of private scans OR No private scans

Have you attended accident and emergency in the *last three months*? Yes No
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How many visits?

Did any of these result in an overnight stay? Yes No
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Have you had any planned visits to hospital in the *last three months*? Yes No
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How many visits?
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5		<input type="checkbox"/> Day case <input type="checkbox"/> Overnight stay	<input type="text"/> <input type="text"/>

Have you used the ambulance service in the *last three months*? Yes No
↓

Number of ambulance call outs

↳ How many of these took you to hospital?



Patient cost questionnaire

3 months

ES /

This questionnaire is about your last visit to see your fertility doctor

Please answer the following questions to help us evaluate the costs associated with IVF therapy.

How did you travel to and from the hospital?

Please complete the relevant boxes in the table below. (For example if you used both the bus and the train then please complete the second and third rows in the table.)

	Journey to the clinic		Journey from the clinic	
	Time	Cost	Time	Cost
Car (please indicate the amount of any car parking charges you had to pay)	<input type="text"/> h <input type="text"/> <input type="text"/> m	£ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> parking fee	<input type="text"/> h <input type="text"/> <input type="text"/> m	--
Bus (for return tickets, please split the cost evenly)	<input type="text"/> h <input type="text"/> <input type="text"/> m	£ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> h <input type="text"/> <input type="text"/> m	£ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Train (for return tickets, please split the cost evenly)	<input type="text"/> h <input type="text"/> <input type="text"/> m	£ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> h <input type="text"/> <input type="text"/> m	£ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Taxi	<input type="text"/> h <input type="text"/> <input type="text"/> m	£ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> h <input type="text"/> <input type="text"/> m	£ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Walk	<input type="text"/> h <input type="text"/> <input type="text"/> m	--	<input type="text"/> h <input type="text"/> <input type="text"/> m	--
Other (please specify)	<input type="text"/> h <input type="text"/> <input type="text"/> m	£ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> h <input type="text"/> <input type="text"/> m	£ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

Approximately how far did you travel from your home to the hospital? miles

Are you eligible to be reimbursed for any of your travel costs? Yes No



Patient cost questionnaire

3 months

ES /

This questionnaire is about your last visit to see your fertility doctor

Please answer the following questions to help us evaluate the costs associated with IVF therapy.

For your last appointment with your fertility doctor/team, if you had not visited the hospital to see the fertility doctor what would you have been doing?

(Please tick the main activity only)

- Paid work
- Household activities
- Voluntary work
- Caring for a dependent
- Full / part-time education
- Leisure activities
- On sick leave
- Other (please specify) →

Did you lose earnings? Yes No

What is your occupation?

Number of hours lost

For your last appointment with your fertility doctor/team, did someone accompany you to the hospital?

Yes No

For your last appointment with your fertility doctor/team, if your companion had not accompanied you to the hospital what would they have been doing?

(Please tick the main activity only)

- Paid work
- Household activities
- Voluntary work
- Caring for a dependent
- Full / part-time education
- Leisure activities
- On sick leave
- Other (please specify) →

Did they lose earnings? Yes No

What is their occupation?

Number of hours lost

Endometrial Scratch Trial Participant Topic Guide

NOTES: This topic guide is a flexible tool and may be revised as new areas of interest arise during the process of data collection. The wording of questions is for guidance only and can be varied to suit the natural style of the interviewer and the level of understanding of the participant.

ITEMS REQUIRED:

- Audio recorder
- Copies of questionnaires and text messages (or send over to participant via email/post if interview to be undertaken over the phone).
- Consent form (returned via post before interview, or audio recording of consent form undertaken prior to interview)
- PIS (send via email/post prior to interview if telephone interview)
- Look to see if participant received and replied to text messages, paper and/or electronic questionnaires.

RESEARCH AIM

1. What was the reason for participants withdrawing from the intervention?
2. What were recruited trial participant's and research site staff's perceptions of the recruitment process and how did research sites deal with recruiting to two large randomised trials?
3. What were recruited participant's perceptions of the data collection tools used during the trial, specifically, text messages to collect pain and electronic questionnaires?

1) Welcome and context setting:

- Introduce yourself
- Guide the participant through the Participant Information Sheet
- "The interview will last approximately 30 minutes"
- Explain that, "to help us with this study, we would like to make a recording of what we all say today, but nobody will be able to identify you from that recording other than me. Is that okay?"
- Guide the participant through the consent form. Take audio recording of responses (if consent form hasn't been returned already by post)
- "You are free to withdraw at any point and you don't have to answer any of the questions if you don't want to."
- Check they are happy to continue and ask if there are any questions.

2) Proceed to interview:

Research questions (RQ) with associated opening participant questions (PQ) and participant prompts (PP)

FOR PARTICIPANTS WHO CHOSE NOT TO RECEIVE THE INTERVENTION:

RQ 1: What was the reason for participants withdrawing from the intervention?

PQ1: Our records show that you chose not to receive the endometrial scratch – why was this?

PPa: Was this due to the possible side effects of the procedure?

PPb: Was this due to the possible pain of having the procedure?

PPc: Did anything about the way the procedure was introduced to you, or the way it was arranged, put you off from having it?

PPd: Did having the procedure mean you would have to delay your IVF cycle?

FOR PARTICIPANTS WHO RECEIVED THE INTERVENTION:

RQ2: Of those women who did receive the intervention, what were their thoughts of the procedure and the information they received in preparation for the procedure?

PQ1: How did you find receiving the endometrial scratch?

PPa: Would you have it again?

PPb: Was it tolerable?

PPc: What did you think of the information you received prior to having the endometrial scratch?

FOR ALL PARTICIPANTS:

RQ3: What were recruited trial participant's perceptions of the recruitment process and how did research sites deal with recruiting to two large randomised trials?

PQ3: How did you find being approached to participate in this trial?

PPa: How were you approached to take part? Were you happy with how you were approached?

PPb: What made you decide to participate in this trial?

PPb: How do you feel about the amount of information you had to read about the trial, along with other information you had to read about IVF therapy?

PPc: Did you have any concerns/worries about being involved in research?

PPd: Did you have any preconceptions about the intervention (i.e. it's positive/negative effect)?

PPe: [for participants randomised to TAU]: how did you feel about being randomised to usual IVF treatment without the endometrial scratch?

PQ3: Were you approached about any other trials also?

IF YES, PQ4: How did you find being approached regarding more than one trial?

PPa: Did you receive the joint information sheet/letter explaining both e-Freeze and Endometrial Scratch trials?

PPb: How was the trial/how were the trials introduced to you?

PPc: How did you find making the decision which trial to take part in?

RQ4: What were recruited participant's perceptions of the data collection tools used during the trial, specifically, text messages to collect pain and electronic questionnaires?

PQ3: I would now like to ask about the questionnaires and text messages we may have sent you to collect information. What did you think of these?

PPa: How did you find the pain score text messages that were sent to you?

PPc: You received an electronic questionnaire. How did you find completing this?

How could it be improved?

PPd: Would you rather receive an electronic questionnaire or paper questionnaire?

Endometrial Scratch Trial Staff Topic Guide

NOTES: This topic guide is a flexible tool and may be revised as new areas of interest arise during the process of data collection. The wording of questions is for guidance only and can be varied to suit the natural style of the interviewer and the level of understanding of the participant.

ITEMS REQUIRED:

- Audio recorder
- Consent form (send via email/post prior to interview if telephone interview)
- PIS (send via email/post prior to interview if telephone interview)

RESEARCH AIM

What were recruited research site staff's perceptions of the recruitment process and how did research sites deal with recruiting to two large randomised trials?

1) Welcome and context setting:

- Introduce yourself
- Guide the participant through the Participant Information Sheet
- "The interview will last approximately 20 minutes"
- Explain that, "to help us with this study, we would like to make a recording of what we all say today, but nobody will be able to identify you from that recording other than me. Is that okay?"
- Guide the participant through the consent form. If happy to participant, ask to sign (if interview is being undertaken remotely then guide participant through audio consent process).
- "You are free to withdraw at any point and you don't have to answer any of the questions if you don't want to."
- Check they are happy to continue and ask if there are any questions.

2) Proceed to interview:

Question 1: How did you find recruitment to the endometrial scratch trial?

Prompt – how did you find approaching participants?

Prompt – did you have any issues with participants not wanting to participate in the trial because they didn't want to be randomised to the control arm?

Prompt – were you in clinical equipoise when recruiting to the trial?

Prompt – can you think of any ways in which recruitment can be improved to future trials/studies?

Question 2: How did you deal with recruiting participants to the two large randomised trials (Endometrial Scratch and EFreeze)?

Prompt – did you use the joint information sheets and letters?

Prompt – did you have any systems set up in order to recruit to both trials?

Prompt – were there any issues?

Prompt – what do you think that patients thought about being approached to two large randomised trials?

Question 3: Did you have any other trials you were recruiting to at the same time (except for EFreeze), and did these have any effect on the way you recruited to the Endometrial Scratch Trial?