

## Supplementary

### Written information for questionnaire survey on progesterone

We would like to ask if you would participate in an anonymous questionnaire survey, conducted in collaboration between the fertility clinics at Herlev and Gentofte Hospital, Aalborg University Hospital, and the pharmaceutical company IBSA.

**Before you decide:** Before you decide whether to participate in the survey, you need to fully understand what the survey entails and why we are conducting it. Therefore, we ask you to read this participant information carefully. If you decide to participate in the survey, we will ask you to sign a consent form. Remember, you have the right to take some time to consider before deciding whether to sign the consent form. Participation in the survey is voluntary. You can withdraw from the survey at any time and without giving a reason. This will not affect your further treatment.

**What we are investigating:** The purpose of the survey is to gain more knowledge about women's attitudes towards and satisfaction with taking progesterone. This will be done using an electronic questionnaire.

**Why we are conducting the study:** The possibility of taking the hormone progesterone as a subcutaneous injection is new in Denmark. This means that progesterone can now be administered both as a subcutaneous injection and as a vaginal tablet or capsule. Greater knowledge about these two forms of administration will contribute to a better understanding of the different ways to receive progesterone. This knowledge can be used to tailor progesterone treatment to individual preferences and needs.

**Study plan:** We will include women undergoing fertility treatment, where progesterone is planned to be administered. The included women must have previously undergone fertility treatment where they received vaginal progesterone. For you, the survey will involve completing an electronic questionnaire the day before your pregnancy blood test, which will take about 15 to 20 minutes to complete. Please set a reminder on your phone.

After you have had the embryo transfer, you will receive the link to the questionnaire via digital mail at [www.borger.dk](http://www.borger.dk) / e-Boks at [www.e-boks.com](http://www.e-boks.com).

**Financial information:** The project has received support from IBSA (400,000 DKK).

**Survey results:** The results of the survey will be presented at national meetings and described in scientific articles that we will try to publish in international journals. If you are interested, you can be informed about our findings at the end of the survey. The publication will be at least 1-2 years from now.

**If you want to know more:** We hope that this information has given you sufficient insight into what it means to participate in the survey and that you feel prepared to make a decision about your potential participation. If you have any questions about the survey, please feel free to contact us:

**Full questionnaire provided to the participants**

<b>Side effects</b>	
Were you informed of any side effects to your progesterone medicine during this treatment?	Yes No Do not know
If responding yes: Please elaborate on which side effects you were informed about in this treatment	
Have you experienced any side effects to your progesterone medicine during this treatment?	Yes No Do not know
If responding yes: Please elaborate on, which side effects you have had during your progesterone medication during this treatment	
<b>Medication</b>	
To what degree are you satisfied with the form of administration of progesterone during this treatment compared to last treatment?	1, Very high degree 2, High degree 3, Appropriate degree 4, Low degree 5, Very low degree 6, Do not know
If responding Low or very low degree: Please elaborate on why you are not satisfied with the way you had to administer your progesterone medication during this treatment	
To what degree during this treatment has it been possible to take your progesterone medication exactly as you had been informed to do?	1, Very high degree 2, High degree 3, Appropriate degree 4, Low degree 5, Very low degree 6, Do not know
If responding Low or very low degree: Please elaborate on why it was not possible to administer your progesterone medication during this treatment, as you were informed	
To what degree were you sure during this treatment that you had taken your progesterone medication correctly?	1, Very high degree 2, High degree 3, Appropriate degree 4, Low degree 5, Very low degree 6, Do not know
If responding Low or very low degree: Please elaborate on why you were not sure whether you had administered your progesterone medication correctly during this treatment	
To what degree during this treatment have you been sure that you have received the full dose of your progesterone medication?	1, Very high degree 2, High degree 3, Appropriate degree 4, Low degree 5, Very low degree 6, Do not know
If responding Low or very low degree: Please elaborate why you were not sure if you got the full dose of your progesterone medication during this treatment	
To what degree during this treatment was it possible for you to remember to take your progesterone medication?	1, Very high degree 2, High degree 3, Appropriate degree 4, Low degree 5, Very low degree 6, Do not know
If responding Low or very low degree: Please elaborate on the reason why it was difficult to remember to take your progesterone medication during this treatment?	

To what degree during this treatment was it possible for you to store your medication correctly?	1, Very high degree 2, High degree 3, Appropriate degree 4, Low degree 5, Very low degree 6, Do not know
If responding Low or very low degree: Please elaborate on why it was difficult to store your progesterone medication during this treatment	
To what degree during this treatment was it possible for you to take your progesterone medication yourself?	1, Very high degree 2, High degree 3, Appropriate degree 4, Low degree 5, Very low degree 6, Do not know
If responding Low or very low degree: Please elaborate on why it was difficult to take your progesterone medication by yourself during this treatment	
During this treatment did you ever forget to take your progesterone medication?	Yes No Do not know
If responding yes: What did you do when you realized you had forgotten to take your progesterone medication?	Did not take it Took it but delayed Contacted the fertility clinic Contacted my general practitioner Contacted oncall doctor Other
<b>Daily activities</b>	
To what degree during this treatment was it possible to bring your next dose of progesterone medication with you in connection with your daily activities?	1, Very high degree 2, High degree 3, Appropriate degree 4, Low degree 5, Very low degree 6, Do not know
If responding Low or very low degree: Please elaborate on why it was difficult to bring your progesterone medication during this treatment	
To what degree could you take your progesterone medication during this treatment without it affecting your working day/daily life?	1, Very high degree 2, High degree 3, Appropriate degree 4, Low degree 5, Very low degree 6, Do not know
If responding Low or very low degree: Please elaborate on why your progesterone medication had an impact on your working day/daily life during this treatment	
To what degree during this treatment was it possible to take your progesterone medication without it affecting your leisure time?	1, Very high degree 2, High degree 3, Appropriate degree 4, Low degree 5, Very low degree 6, Do not know
If responding Low or very low degree: Please elaborate on why your progesterone medication had an impact on your leisure time during this treatment	
<b>Travel activities</b>	
Have you been on a trip or been travelling while taking your progesterone medication in this treatment?	Yes No Do not know
If responding yes: To what degree during this treatment was it possible to take your progesterone medication with you on trips and travels?	1, Very high degree 2, High degree 3, Appropriate degree

	4, Low degree 5, Very low degree 6, Do not know
If responding Low or very low degree: Please elaborate on why your progesterone medication was difficult to bring on trips and travels during this treatment	
<b>Sex and intimacy</b>	
Have you had intercourse/been intimate while taking your progesterone medication during this treatment?	Yes No Do not know
If responding yes: To what degree during this treatment could you take progesterone medication without it interfering with intercourse/intimacy?	1, Very high degree 2, High degree 3, Appropriate degree 4, Low degree 5, Very low degree 6, Do not know
If responding Low or very low degree: Please elaborate on why your progesterone medication interfered with intercourse/intimacy	
If responding yes to first sex and intimacy question: To what degree during this treatment could you and your partner have intercourse/be intimate without your partner being bothered by your progesterone medication?	1, Very high degree 2, High degree 3, Appropriate degree 4, Low degree 5, Very low degree 6, Do not know
If responding Low or very low degree: Please elaborate on why your progesterone medication bothered you in this treatment during intercourse/intimacy	
If responding yes to first sex and intimacy question: To what degree during this treatment could you take your progesterone medication without it affecting your sexual pleasure when you and your partner had intercourse/were intimate?	1, Very high degree 2, High degree 3, Appropriate degree 4, Low degree 5, Very low degree 6, Do not know
If responding Low or very low degree: Please elaborate on the reason why your progesterone medication during this treatment had an impact on your sexual pleasure	
If responding yes to first sex and intimacy question: To what degree during this treatment could you take your progesterone medication without it affecting your sexual desire, before or when you and your partner had intercourse/were intimate?	1, Very high degree 2, High degree 3, Appropriate degree 4, Low degree 5, Very low degree 6, Do not know
If responding Low or very low degree: Please elaborate on why your progesterone medication during this treatment had an impact on your sexual desire	
<b>Summary questions</b>	
To what degree do you prefer your current progesterone medication compared to your previous progesterone medication?	1, Very high degree 2, High degree 3, Appropriate degree 4, Low degree 5, Very low degree 6, Do not know
To what degree does your current progesterone medication take longer to take compared to your previous progesterone medication?	1, Very high degree 2, High degree 3, Appropriate degree 4, Low degree 5, Very low degree 6, Do not know
To what degree is your current progesterone medication easy and simple to administer?	1, Very high degree 2, High degree 3, Appropriate degree

	4, Low degree 5, Very low degree 6, Do not know
To what degree can you manage your current progesterone medication without experiencing it as being stressful?	1, Very high degree 2, High degree 3, Appropriate degree 4, Low degree 5, Very low degree 6, Do not know
If responding Low or very low degree: Please elaborate on what made your current progesterone medication stressful to administer	
If you had to choose for yourself, which progesterone medication would you choose for future treatment?	1, Injection into the skin 2, Vaginal application 3, Do not know
<b>If you have to compare and choose between injection into the skin with progesterone and vaginal progesterone, what would you prefer in relation to the following:</b>	
Form of administration	1, Much better subcutaneous 2, Better subcutaneous 3, Similar 4, Better vaginal 5, Much better vaginal 6, Do not know
Discomfort	1, Much better subcutaneous 2, Better subcutaneous 3, Similar 4, Better vaginal 5, Much better vaginal 6, Do not know
Side effects	1, Much better subcutaneous 2, Better subcutaneous 3, Similar 4, Better vaginal 5, Much better vaginal 6, Do not know
Medication administration per day	1, Much better subcutaneous 2, Better subcutaneous 3, Similar 4, Better vaginal 5, Much better vaginal 6, Do not know
Daily activities (job/studies)	1, Much better subcutaneous 2, Better subcutaneous 3, Similar 4, Better vaginal 5, Much better vaginal 6, Do not know
Daily activities (leisure time)	1, Much better subcutaneous 2, Better subcutaneous 3, Similar 4, Better vaginal 5, Much better vaginal 6, Do not know
Travel activities	1, Much better subcutaneous 2, Better subcutaneous 3, Similar 4, Better vaginal 5, Much better vaginal 6, Do not know
Sex and intimacy	1, Much better subcutaneous 2, Better subcutaneous 3, Similar 4, Better vaginal

	5, Much better vaginal 6, Do not know
<b>Your characteristics</b>	
How old are you?	Please report in years
Place of birth?	
Place of growing up?	
What kind of education do you have?	1, No education 2, Student 3, Short higher education (1-2 years) 4, Medium higher education (3-4 years) 5, Long higher education (5+ years)
How tall are you?	Please report in cm.
What is your weight?	Please report in kg.
Type of treatment?	1, COS 2, FET 3, Do not know
Have you got a vaginal bleeding after embryo transfer?	Yes No Do not know
Number of previous oocyte pick-ups?	1, 1 2, 2 3, 3 4, 4+ 5, Do not know
Number of previous embryo transfers?	1, 1 2, 2 3, 3 4, 4+ 5, Do not know

**Flow chart**

