



**Assisted Reproduction Survey
On behalf of Progress Educational Trust**

Summary report

Prepared by YouGov November 2006

Fieldwork: 11/10/06 to 25/10/06

Background and method

This research was carried out on behalf of the Progress Educational Trust in October 2006.

The research took the form of two online survey questionnaires, to which a random nationally representative sample of 7,697 GB adults aged 18+ was invited. The sample was selected from the YouGov proprietary panel of 135,000 GB residents. In total 4,012 GB adults aged 18+ responded. This is a response rate of 52%.

In return for taking part, respondents were paid a total of £1.75 into their YouGov account.

Fieldwork took place between 11th and 25th October 2006.

The data in this report is weighted to the profile of all GB adults aged 18 and over.

For further information, please contact support@yougov.com or contact Progress Educational Trust on admin@progress.org.uk

Main findings

- Adults in Britain are fairly knowledgeable about the main factors that are responsible for causing infertility in the UK
- A fifth (22%) of respondents described their knowledge of fertility treatments as good or better. 39% described their knowledge as 'fair' and 37% described it as poor or non-existent.
- Respondents have a fairly good idea about the cost of IVF with 41% identifying that a single cycle costs between £2,500 and £7,499
- Thinking generally, 50% of GB adults support IVF
- Six out of ten (60%) respondents support the use of IVF for infertile people aged under 40
- 50% of respondents support the use of IVF by people who wish to avoid having a child with a genetic illness or condition
- Just under half (46%) of people said they support the use of IVF by parents who wish to have a healthy child to help cure a sick sibling
- 74% of people said they opposed the use of IVF in order to select the sex of a baby for non-medical reasons
- Around nine out of ten respondents (86%) would oppose the use of IVF to select physical or other characteristics for a child
- Less than one in twenty (4%) respondents said they would support the use of IVF by people aged 50 plus
- Just over half (52%) of people think that IVF patients should be assessed against an official list of criteria before being treated.

- 69% of respondents feel that the statistical chance of a single cycle of IVF is not well publicised by the media when reporting related stories
- Around half of GB adults (48%) agree that the media gives the impression that IVF has a high success rate and a similar percentage (51%) agree that the media gives the impression that anyone can get IVF if they want.
- Less than a fifth (17%) of respondents said they support the practice of 'fertility tourism' (i.e. travelling abroad to receive fertility treatment)
- Four out of ten (42%) of respondents described themselves as in support of embryo freezing
- Using embryos for research is generally considered to be acceptable. 50% of respondents agreed with the statement 'it is better to freeze spare embryos and use them for research than to discard them'.
- In principle, one in three people support the payment of sperm and eggs donors.
- Six out of ten (58%) respondents believe sperm and egg donors should have the right to be anonymous, increasing to 63% upon learning that lack of anonymity may be contributing to a shortage of donations in the UK.

Summary of survey findings

Background to topic

A third (32%) of people agree strongly that every person has a right to have a child of their own. A further 23% agree a little with this statement. This totals 55% of respondents.

71% of people agree that wanting to have children is 'only natural', as it's one of the reasons that we are here.

There is no strong opinion about whether society should make it easier for people to have children earlier in life. Under a third (28%) agreed with this statement, 33% gave no opinion (31% neither agree nor disagree, 2% don't know) and 37% disagreed with this statement.

However, two thirds of people (66%) agree that modern lifestyles are forcing people to delay starting a family for too long

57% of respondents agree that modern science should help infertile people to have a child of their own

69% of respondents feel that women should accept that choosing a career over children may mean they cannot conceive naturally

Infertility – knowledge

The five factors most commonly thought to cause infertility were:

- 85% medical conditions
- 85% medical treatments
- 80% alcohol and drug misuse
- 81% sexually transmitted infections
- 76% age/ delaying a family

When asked to pick the single most common factor, 17% chose medical conditions, followed by 16% choosing genetic factors and 14% choosing age.

19% of GB adults think that one in twenty couples is classed as being infertile. The same percentage thinks that the proportion is one in ten. 28% said they don't know what the proportion is.

58% of respondents correctly identified that infertility rates are predicted to rise in the next 10 years

Fertility treatments

Just 22% of respondents described their knowledge of fertility treatments as good or better. 39% described their knowledge as 'fair' and 37% described it as poor or non-existent.

70% agree that alternatives to fertility treatment should be promoted more widely (30% agree strongly, 40% agree a little)

39% agree that adoption and fostering are not as desirable as IVF (9% strongly, 30% a little), 31% either said they neither agree nor disagree/ don't know, 30% disagree with this statement (17% a little, 13% strongly).

45% of GB adults agree strongly that parents can love an adopted or fostered child as much as their own flesh and blood. A further 30% agree a little with this statement.

49% agree that too much money is ploughed into IVF research when we should be investing in educating people about the avoidable factors that lead to infertility

46% agree that the benefits of IVF outweigh the price

48% agree that the media gives the impression that IVF has a high success rate and 51% agree that the media gives the impression that anyone can get IVF if they want

IVF

Thinking generally, 50% of GB adults support IVF. 36% neither support nor oppose it/ don't know. 14% generally oppose the use of IVF and a further 1% would never support it for any reason.

Of the group that would never support IVF under any circumstance, the main reasons for this were:

- 63% people do not have a right to have children
- 63% society should not encourage people to be dissatisfied with their circumstances by always offering cures for things
- 62% creating babies in this way is not natural

45% would consider using IVF to start a family if they found they were infertile. A further 35% might consider it, 17% would not consider using it.

Those who said they would never support the use of IVF under any circumstances were not asked the remaining questions in the survey. This was because the questionnaires were designed to measure support for IVF under certain circumstances, and we felt that respondents who feel so strongly about this issue were likely to object to repeating their view several times over. The remainder of the questionnaire was seen by a weighted base of 3,963 respondents.

60% of respondents support the use of IVF for infertile people aged under 40

The main reason for opposing the use of IVF by this group was that many children cannot find adoptive parents or foster homes and that IVF is making this situation worse (60%)

50% of respondents support the use of IVF by people who wish to avoid having a child with a genetic condition

46% of people support the use of IVF by people who wish to have a healthy child to help cure a sick sibling. However, this support (or opposition) does seem to be conditional upon the new baby being wanted for its own sake.

Just 8% of respondents support the use of IVF to allow parents to balance their families. 74% of people said they opposed this.

The main reason for supporting the use of IVF in this way was because it is 'natural to want a mix of boys and girls' (58%)

The main reason for opposing the use of IVF in this way is because the 'attitude is selfish; all children are a blessing' (73%)

3% of respondents would support the use of IVF to select physical or other characteristics for a child

The main reason for supporting this is because it is 'natural to want successful children' (52%)

Just under half (49%) of respondents believe that there should be an age limit of between 40 and 44 for women to get pregnant using IVF

32% of respondents feel that the same age band should be an upper limit for men to become fathers using assisted fertility

4% of respondents said they would support the use of IVF by people aged 50+. Eight out of ten (79%) would oppose this.

Respondents' knowledge of the cost of IVF is fairly good. 28% told us that they thought a single cycle of IVF costs between £2,500 and £4,999. A further 13% said they thought it cost between £5,000 and £7,499.

Guidelines for criteria for receiving IVF

51% of respondents thought the proposed guidelines for NHS funding were 'about right' in terms of strictness/ leniency. 10% said they thought they were too strict, 28% said they were too lenient.

Thinking about people aged under 40, respondents thought that it should primarily be available to married couples (85%) and unmarried couples who had been together for more than 3 years (57%).

52% of people think that IVF patients should be evaluated before being treated. The main reason for feeling this way is because IVF is expensive and, if publicly funded, it should therefore only be available to those who have been evaluated.

The main criteria that people felt should be taken into consideration were:

- 75% mental health
- 71% age
- 67% number of existing children
- 64% relationship status

It seems that although relationship status scores quite highly, a lower percentage, 36%, of respondents feel that sexuality should be taken into consideration

Chances of success

14% of respondents believe that a single cycle of IVF has 1 in 3 chance of working. The same percentage believes that it has a 1 in 4 chance. The same percentage believes that it has a 1 in 5 chance.

When told the actual chance of success, 25% described their reaction as surprised, 69% described their reaction as not surprised

69% of respondents feel that this statistic is not well publicised by the media when reporting on IVF

26% feel that the % chance of falling pregnant after one cycle of IVF should always be mentioned by the media when reporting on IVF. 51% said it should be mentioned more often.

Fertility tourism

17% support fertility tourism. 39% oppose it. 43% did not express an opinion (39% neither support nor oppose, 4% don't know)

45% believe there should be an upper age limit of 40 for those seeking treatment abroad. 28% believe this limit should be 50.

The main reason for supporting fertility tourism is if it is more affordable than treatment in the UK (78%)

The main reason for opposing fertility tourism is that it is wrong to package treatment abroad to make money out of people (58%). The second most cited reason was that clinics abroad offer unacceptable treatments such as IVF for older women (56%).

Embryo freezing

In general, people support the freezing of embryos. 8% say they strongly support embryo freezing, and a third (34%) say they tend to support the practice. Furthermore, 32% of people say they neither support nor oppose it.

Of the 16% who agree that embryo freezing should not be allowed, 60% said they felt this because creating babies in this way is not natural. 54% said that they consider an embryo to be a human life and it should therefore not be frozen.

60% of people disagree with the statement that 'embryo freezing should not be allowed under any circumstances', however around one in six people (16%) agree with this statement either strongly or a little.

Freezing the embryos of couples aged under 40 who are likely to become infertile through illness or its treatment is widely supported, with 72% of GB adults saying they agree with this. Just 12% said they do not agree with this.

There is much lower support for freezing the embryos of those who wish to delay having a family. 22% of respondents agree with this idea, compare to 54% who disagree with it.

Among those who disagree with embryo freezing to enable people to delay having a family, 82% said they felt people should not put off having children simply because they are 'too busy' or wish to further their careers.

Using embryos for research is generally considered to be acceptable. 50% of respondents agreed with the statement 'it is better to freeze spare embryos and use them for research than to discard them' (32% disagreed). 40% of respondents agreed strongly or a little that it 'is essential' to use unwanted embryos for research.

Around a third (34%) of GB adults agreed that they consider an embryo to be a life. Another third (32%) said they neither agreed nor disagreed with this statement. The same percentage (32%) said they disagreed that an embryo was a life.

42% of people agree that it is acceptable to freeze the embryos of those undergoing IVF treatment, so that the woman does not have to go through egg collection again if more treatment is required in future.

Spare frozen embryos

41% of British adults interviewed believe the 'spare' frozen embryos should be used for medical research

35% believe that spare embryos should be donated to other people, either anonymously or otherwise

35% believe that spare embryos should be discarded, either immediately or after a period of time

Donor sperm and eggs

71% think that it is acceptable for a man to donate his sperm to infertile couples compared to 33% who think it's acceptable to donate sperm to 'non-traditional' families (for example, single women or female same-sex couples).

Similarly, 69% think that it is acceptable for a woman to donate her eggs to infertile couples compared to 32% who think it's acceptable to donate eggs to 'non-traditional' families (for example, same-sex couples).

In principle, one in three people support the payment of sperm and eggs donors.

When told that there is a shortage of sperm and egg donors in the UK, and that paying donors may help to reverse this, this figure increases to four in ten people who support the payment of donors.

58% of respondents told us that they believe sperm and egg donors should have the right to be anonymous, compared to 28% who felt that they should NOT be anonymous (as the law currently insists).

Respondents were told that the change in the law - meaning donors are no longer anonymous - appears to have caused a decline in the numbers of people becoming sperm and egg donors, slightly more people felt that the right to anonymity should be available. 63% said that donors should have the right to remain anonymous, after reading this information.

80% of people feel that donor parents should not have any responsibilities towards their genetic children. However, 9% said they felt donor parents should have some responsibilities.

Of those who felt donor parents should have responsibilities, 81% said these should be social in nature (e.g. passing on important medical information), 69% said these responsibilities should be moral, 54% said emotional and 47% said financial.

Appendix A: Interpretation of survey findings

Samples

The research is based on a sample of 4,012 adults in Great Britain. This data is weighted to represent all adults aged 18+ in Great Britain.

Sub-samples

YouGov provided a breakdown of results for the sample based on single or multiple variables including types, demographics or attitude classifications.

The research used routing so that questions were asked only of appropriate groups. Routing can take place based on a single or multiple variables. Close attention must be paid to the base for each question – these are clearly marked on the tables of results.

Combined and net figures

“Combined” figures refer to the combined percentage of people expressing one view. For example where a question provides the option to “agree” or “disagree” by degrees (i.e. “agree strongly”, “tend to agree” etc.) the “combined” figure represents the total percentage of all those agreeing.

“Net” figures refer to the percentage of people expressing one view minus the percentage holding the opposite view; thus the “net agree” figure is based on the proportion agreeing minus the proportion disagreeing.

Where percentages do not add up to 100, this may be due to rounding values to the nearest integer, the exclusion of “don’t know” categories, or multi-choice questions in which each value is out of 100%.

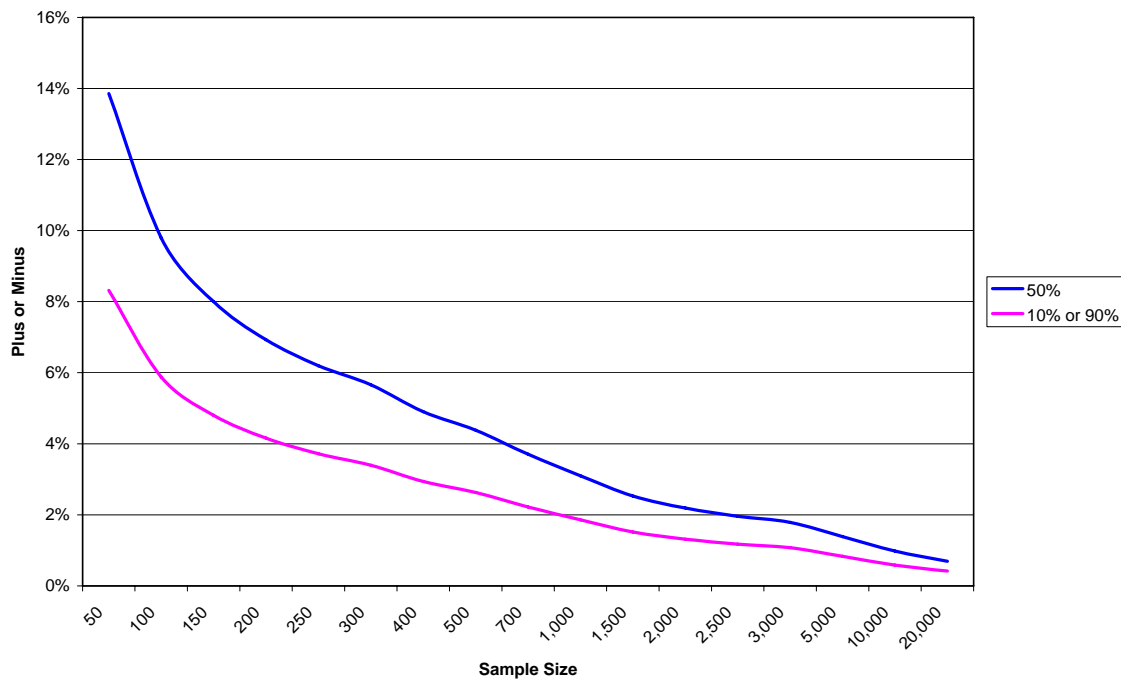
Error Margins

Findings are subject to the normal error margins for sample surveys - these are small for relatively large sample sizes. YouGov provides extensive tabular analysis; this can result in relatively small numbers of respondents in some sub-samples. Some findings may be drawn from small sub-samples for which the margins of error may be high (see statistical reliability below). Care should be taken when interpreting findings based on answers from a small number of respondents. On the tables of results are the unweighted and weighted ns (number of respondents).

Statistical reliability

The respondents to the questionnaire are only samples of the total “population”, so we cannot be certain that the figures obtained are exactly those we would have if everybody had been interviewed (the “true” values). We can however, predict the variation between the sample results and the “true” values from a knowledge of the size of the samples on which the results are based and the number of times a particular answer is given. The confidence with which we can make this prediction is usually chosen to be 95%. The chart below indicates the predicted ranges for different sample sizes and percentage results at the 95% confidence interval.

Margins of Error (95% Confidence)



Questionnaires

SURVEY 1

PAGE 1

All respondents

Introduction to survey

This study consists of two surveys. This is the first of the two surveys that we will be sending to you.

These surveys are about fertility and aspects of fertility treatment. We will ask you for your opinions on these topics. The majority of the questions do not ask about your own personal situation, however, there are a few questions on the final page that ask about yourself. You are free to choose not to answer these questions.

Opinions on background to topic

Q1

Do you agree or disagree with each of the following statements?

'Every person has a right to have a child of their own'

'Infertility is one of nature's ways of regulating the number of people in the population'

'Society tends to think less of people who actively choose not to have children'

'It is only natural that most people want to have children; it's one of the reasons we're here'

'Society should make it easier for people to have children younger in life'

'Modern lifestyles are forcing people to delay starting a family for too long'

'Modern science should help infertile people to have a child of their own'

'Women should accept that choosing to start a family later in life in order to have a career may mean that they cannot have children naturally'

Agree strongly

Agree a little

Neither agree nor disagree

Disagree a little

Disagree strongly

Don't know

-There is no Q2 in this version-

PAGE 2

All respondents

Infertility

Infertility is generally diagnosed when a couple have not been able to conceive after 18 months of unprotected sex. However, the exact period of time depends on the age of the woman.

Q3

Infertility is understood to be caused by a wide number of factors. To the best of your knowledge, which of the following factors can lead to infertility in men and/ or women?

[Please tick all that apply]

RANDOMISE

Age/ delaying starting a family

Alcohol and drug misuse

Being overweight/ underweight

Certain occupations

Environmental factors, e.g. water pollution

Genetic factors

Having sex too infrequently

Having sex too often

Lack of exercise

Medical conditions

Medical treatments, e.g. chemotherapy

Poor diet

Sexually Transmitted Infections (STIs)

Smoking

Stress

Sunbathing

Tight underwear

Using laptop computers

Unknown causes

None of these

Don't know

Q4

And to the best of your knowledge, which of the following factors is THE MOST COMMON cause of infertility in men and women?

- Age/ delaying starting a family
- Alcohol and drug misuse
- Being overweight/ underweight
- Certain occupations
- Environmental factors, e.g. water pollution
- Genetic factors
- Having sex too infrequently
- Having sex too often
- Lack of exercise
- Medical conditions
- Medical treatments, e.g. chemotherapy
- Poor diet
- Sexually Transmitted Infections (STIs)
- Smoking
- Stress
- Sunbathing
- Tight underwear
- Using laptop computers
- Unknown causes
- None of these
- Don't know

Q5

To the best of your knowledge, approximately what proportion of couples in the UK is currently classed as being infertile?

- Less than 5%
- 5% (one in twenty)
- 10% (one in ten)
- 15% (one in six or seven)
- 20% (one in five)
- 25% (one in four)
- 33% (one in three)
- 50% (one in two/ half)
- More than 50%
- Don't know

Q6

Thinking about the next 10 years, do you know whether the rates of infertility in the UK are predicted to rise, fall or stay about the same?

- Likely to rise
- Likely to stay the same
- Likely to fall
- Don't know

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All respondents

IVF – general knowledge and opinions

Q7

How would you describe your overall knowledge of fertility treatments such as IVF and the issues surrounding them?

CROSSBREAK

- Excellent
- Very good
- Good
- Fair
- Poor
- I don't really know anything about fertility treatment
- Don't know

IVF is a type of fertility treatment by which egg and sperm are mixed in a small plastic or glass container outside the body. The fertilised egg or embryo is then placed in a woman's womb. IVF involves the removal of eggs from the woman, following a course of fertility drugs and the donation of sperm by her partner, although donated eggs and sperm may be used.

Q8

Do you agree or disagree with each of the following statements?

RANDOMISE ORDER OF STATEMENTS

'Alternatives to IVF, such as adoption, should be better promoted'

'Adoption and fostering are not as desirable as IVF'

'Parents can love an adopted or fostered child as much as a child of their own flesh and blood'

'Too much money is ploughed into IVF research; we should be investing in educating people about the avoidable factors that lead to infertility'

'IVF may be expensive but its benefits outweigh the price'

'The media gives the impression that IVF has a high success rate'

'The media gives the impression that anyone can get IVF if they want'

Agree strongly

Agree a little

Neither agree nor disagree

Disagree a little

Disagree strongly

Don't know

Q9

Thinking generally, how would you describe your overall attitude towards IVF?

Strongly support

Tend to support

Neither support nor oppose

Tend to oppose

Strongly oppose

I would never support the use of IVF under any circumstances

Don't know

Q10

Imagine that you were planning to start a family but you found that you were unable to have children naturally, would you consider using IVF?

Yes, I would

No, I wouldn't

Maybe/ don't know

I have already used IVF

Prefer not to say

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To those who would never support the use of IVF under any circumstances

Q11

Which of the following describe why you would never support the use of IVF under any circumstances? [Please tick all that apply]

RANDOMISE

My religion does not support the use of IVF

People do not have a right to have children, if they are infertile they should accept it

Creating babies in this way is not natural

The use of IVF in this way is 'playing God'

IVF is a cynical way of making money from vulnerable people

Many children cannot find adoptive parents or foster homes and IVF is making this situation worse

Infertility is nature's way of controlling population size; it can only cause social and environmental problems to go against this

Nature controls the population's make up; human interference with this balance may cause problems

Society should not encourage people to be dissatisfied with their circumstances by always offering cures for things

Other reason(s)

Don't know

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To those who would never support the use of IVF under any circumstances who said 'other reason(s)'

Q12

What is/ are the other reason(s) why you would never support the use of IVF under any circumstances? [Please write in]

TEXTAREA – not validated

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All respondents except those who do not support IVF under any circumstances

Infertile people using IVF

Q13

Still thinking generally, how would you describe your attitude towards the use of IVF by infertile people aged under 40?

- Strongly support
- Tend to support
- Neither support nor oppose [route to page 9](#)
- Tend to oppose [route to page 8](#)
- Strongly oppose [route to page 8](#)
- Don't know [route to page 9](#)

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To those who support

Q14

Which of the following describe why you support the use of IVF by infertile people aged under 40? [Please tick all that apply]

RANDOMISE

- Infertility is an illness
- We all have a right to have children
- Infertile people cannot help the fact that they cannot have children
- Infertile people should be able to take every chance to have a family
- Infertility causes distress for many people; IVF offers an opportunity to overcome this
- It's society's fault that women are having children later in life; society should offer a solution to those who find it hard to fall pregnant
- For many people it is a tragedy to be deprived of the fulfilment of starting their own family
- People cannot love adopted children as much as they would their own because the genetic link is stronger
- Other
- Don't know

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To those who oppose

Q15

Which of the following describe why you oppose the use of IVF by infertile people aged under 40? [Please tick all that apply]

RANDOMISE

- Infertility is not an illness
- People do not have a right to have children
- Many infertile people are responsible for their condition because of the lifestyle they choose
- Creating babies in this way is not natural
- The use of IVF in this way is 'playing God'
- Many children cannot find adoptive parents or foster homes; IVF is making this situation worse
- Infertility is nature's way of controlling population size; it can only cause social and environmental problems to go against this
- Society should not encourage people to be dissatisfied with their circumstances by always offering cures for things
- Other reason(s)
- Don't know

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All respondents except those who do not support IVF under any circumstances

People using IVF

Some people choose to use IVF to conceive a child, for reasons other than infertility, for example to select a child without a genetic condition. This is called PGD.

Pre-implantation genetic diagnosis (PGD) is a genetic test that can be carried out on embryos created by IVF, to ensure that only embryos unaffected by a particular genetic condition are returned to the woman's womb. PGD is an alternative to tests carried out during pregnancy, which may lead individuals to consider difficult choices about the continuation or termination of the pregnancy.

Q16

How would you describe your general attitude towards the use of IVF by people who wish to avoid having a child who might have a genetic illness/ condition? (For example, Muscular Dystrophy, Down's Syndrome, Cystic Fibrosis, etc.)

- Strongly support
- Tend to support
- Neither support nor oppose [route to page 12](#)
- Tend to oppose [route to page 11](#)
- Strongly oppose [route to page 11](#)
- Don't know [route to page 12](#)

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To those who support

Q17

Which of the following describe why you support the use of IVF by people who wish to avoid having a child who might have a genetic illness/ condition? [Please tick all that apply]

RANDOMISE

- IVF offers parents a chance to avoid the difficulties associated with having a child with a genetic illness/ condition
- It could weed out genetically inherited illnesses/ conditions
- Nobody would choose to have a child with a genetically inherited illness/ condition; nature is often unfair
- It is normal to wish for everyone to have the best possible quality of life

- It avoids the need to have a test in pregnancy, which might lead to the difficult decision of whether to terminate or continue with the pregnancy
- Other reason(s)
- Don't know

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To those who oppose

Q18

Which of the following describe why you oppose the use of IVF by people who wish to use IVF to minimise the chance of having a child who might develop/ suffer from an inherited disease/ condition? [Please tick all that apply]

RANDOMISE

- Inherited diseases/ conditions are natural; it is wrong to manipulate nature in this way
- Disabled people can have as good a quality of life as able people, it is not right to discriminate in this way
- The use of IVF in this way is 'playing God'
- IVF has a relatively low chance of success; offering it as a real hope is misleading and potentially heartbreaking
- IVF should only be used by people who cannot conceive naturally; it should not be used to 'design' babies
- Creating babies in this way is not natural
- People do not have a right to have children; healthy or otherwise
- Other reason(s)
- Don't know

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All respondents except those who do not support IVF under any circumstances

Pre-implantation genetic diagnosis (PGD) can also be used to select for embryos that are a tissue match with already existing siblings who suffer from certain illnesses. This means that they are then able to become donors (generally blood from the umbilical chord) and help their sick brother or sister.

Q19

How would you describe your general attitude towards the use of IVF by people who wish to make a healthy child to help cure a sick brother or sister? (For example, by donating blood, bone marrow or other tissue)

- Strongly support
- Tend to support
- Neither support nor oppose [route to page 15](#)
- Tend to oppose [route to page 14](#)
- Strongly oppose [route to page 14](#)
- Don't know [route to page 15](#)

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To those who support

Q20

Which of the following describe why you support the use of IVF by people who wish to make a healthy child to help cure a sick brother or sister? [Please tick all that apply]

RANDOMISE

- Having a healthy baby through IVF may be a family's best hope to cure another child
- If the parents want to have another child, it is sensible to ensure that the baby is healthy
- Having a healthy baby who can help to cure an older child means that two lives may be protected not just one
- I support this if the parents wished to have another child anyway; I oppose creating a child simply as a 'cure' for another
- Not many people would actually choose to do this and those who want to should be allowed
- Other reason(s)
- Don't know

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To those who oppose

Q21

Which of the following describe why you oppose the use of IVF by people who wish to make a healthy child to help cure a sick brother or sister? [Please tick all that apply]

RANDOMISE

- Diseases/ conditions are natural; it is wrong to manipulate nature in this way
- The use of IVF in this way is 'playing God'
- IVF has a relatively low chance of success; offering it to parents as a real hope is misleading and potentially heartbreaking
- IVF should only be used by people who cannot conceive naturally; it should not be used to 'design' babies
- Creating babies in this way is not natural
- I oppose creating a child simply to be used as a 'cure' for another; I would support this if the parents wished to have another child anyway
- Other reason(s)
- Don't know

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All respondents except those who do not support IVF under any circumstances

Through IVF it is possible to select the sex of a child, by only implanting embryos of that sex.

Sex selection is not permitted in the UK, except in cases where a couple want to avoid passing on an inherited illness or condition that affects a particular sex.

However, some people would like to be able to select the sex of a child in order to 'balance' their family. For example, a couple with three boys who wish to have a girl.

Q22

How would you describe your general attitude towards allowing people to use IVF to 'balance' their family?

- Strongly support
- Tend to support
- Neither support nor oppose [route to page 18](#)
- Tend to oppose [route to page 17](#)
- Strongly oppose [route to page 17](#)
- Don't know [route to page 18](#)

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To those who support

Q23

Which of the following describe why you would support allowing people to use IVF to 'balance' their family? [Please tick all that apply]

RANDOMISE

- It is natural to want a mix of boys and girls
- Many parents find it hard to cope with a number of children of the same sex
- Mothers want girls and fathers want boys, but nature doesn't always co-operate
- If this is not allowed in the UK, it will encourage people to seek help abroad
- Parents can choose who many children they have, it is only fair to allow them to choose the sex when the gender balance of their family is skewed
- Not many people would actually choose to do this and those who want to should be allowed
- Other reason(s)
- Don't know

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To those who oppose

Q24

Which of the following describe why you would oppose allowing people to use IVF to 'balance' their family? [Please tick all that apply]

RANDOMISE

- This attitude is selfish; children are a blessing whatever their sex
- Nature takes care of the gender balance, tampering with it is wrong
- Some cultures favour one sex over another; allowing parents to choose the sex of their baby may lead to a serious imbalance in the population
- The use of IVF in this way would be 'playing God'
- IVF should only be used by people who cannot conceive naturally; it should not be used to engineer 'perfect' families
- Creating babies in this way is not natural
- Society should not encourage people to be dissatisfied with their circumstances by always offering solutions for things
- Other reason(s)
- Don't know

PAGE 18

All respondents except those who do not support IVF under any circumstances

Q25

In the future, it may be possible to select certain physical or other characteristics for a child. A couple might wish to have a child with blue eyes and blonde hair, a child who is an exceptional athlete or a child who is very intelligent.

This is not currently possible and may never be possible for most complex characteristics

How would you describe your general attitude towards using IVF to select certain physical or other characteristics for a child?

- Would strongly support
- Would tend to support
- Would neither support nor oppose [route to page 21](#)
- Would tend to oppose [route to page 20](#)
- Would strongly oppose [route to page 20](#)
- Don't know [route to page 21](#)

PAGE 19

To those who support

Q26

Which of the following describe why you would support the use of IVF to select certain physical or other characteristics for a child? [Please tick all that apply]

RANDOMISE

- It is natural to want attractive children
- It is natural to want successful children
- It is natural to want physically strong children
- It might mean a child would not be teased about their appearance as they grew up
- It could help to protect characteristics that are becoming rarer in this country, e.g. truly blonde hair
- It might help to counteract an increasingly lazy/inactive population
- If this is not allowed in the UK, it will encourage people to seek help abroad
- Not many people would actually choose to do this and those who want to should be allowed
- Other reason(s)
- Don't know

PAGE 20

To those who oppose

Q27

Which of the following describe why you oppose the use of IVF to select certain physical characteristics for a child? [Please tick all that apply]

RANDOMISE

- This attitude is selfish; all children are a blessing and should be valued whatever their appearance/abilities
- This would be a dangerous development; it would lead to a 'master race' who would be more physically perfect than others
- The use of IVF in this way would be 'playing God'
- IVF should only be used by people who cannot conceive naturally; it should never be used to engineer the population
- Creating babies in this way is not natural
- This would be morally wrong
- It would generate false expectations as this kind of selection might be impossible for complex characteristics
- Other reason(s)
- Don't know

PAGE 21

All respondents except those who do not support IVF under any circumstances

Older women using IVF

Q28a

Today's fertility science can help a woman of almost any age get pregnant using donor eggs. Do you think there should be an age limit to getting pregnant by IVF? What age do you think that should be?

- 40 to 44
- 45 to 49
- 50 to 54
- 55 to 59
- 60 or older
- There should not be any age limit
- Don't know

Q28b

Do you think there should be an age limit for men receiving fertility treatment to become a father? What age do you think that should be?

- 40 to 44
- 45 to 49
- 50 to 54
- 55 to 59
- 60 or older
- There should not be any age limit
- Don't know

Q28c

And how would you describe your general attitude towards the use of IVF by people who are aged over 50?

- Strongly support
- Tend to support
- Neither support nor oppose [route to page 24](#)
- Tend to oppose [route to page 23](#)
- Strongly oppose [route to page 23](#)
- Don't know [route to page 24](#)

PAGE 22

To those who support

Q29

Which of the following describe why you support the use of IVF by people who are aged over 50? [Please tick all that apply]

RANDOMISE

- Some people may have waited too long to have children naturally; there's no problem with them starting their family later
- IVF should not only be available to younger people
- Older people tend to be more financially secure and able to provide a stable home for a child
- We live in an ageing population; all new births are valuable
- Second and third marriages are on the increase, it is not wrong for older people to want to have their own children together
- So long as they are in good health, there is no reason why older people should not have a child
- So long as the woman is physically strong enough to give birth, there is no reason why she should not have a child
- So long as their partner is a lot younger, there is no reason why somebody aged 50 or over should not have a child
- If there is a support network for the child, if the parent(s) die while it is still young, there's no reason why older people should not have a child
- If this is not allowed in the UK, it will encourage people to seek help abroad
- Older women may make better mothers
- Men aged over 50 can father children; the opportunity to have children should also be available to women aged over 50
- Not many people would actually choose to do this and those who want to should be allowed
- Other reason(s)
- Don't know

PAGE 23

To those who oppose

Q30

Which of the following describe why you oppose the use of IVF by people aged over 50? [Please tick all that apply]

RANDOMISE

- This is cheating nature; people are not supposed to have babies past a certain age
- It is selfish; there is a high chance that the child will grow up an orphan

- Older people cannot be sure they will have the strength to 'keep up' with a young child
- Older people cannot be sure they will live long enough to see a young child into adulthood
- It puts a burden of care onto other, younger members of the family
- It is embarrassing for children to have significantly older parents
- The use of IVF in this way is 'playing God'
- IVF should only be used by people who cannot conceive naturally
- Creating babies in this way is not natural
- Women who choose a career over children shouldn't expect society to help them once it is too late to conceive naturally
- Other reason(s)
- Don't know

PAGE 24

All respondents except those who do not support IVF under any circumstances

NHS funding

Q31

To the best of your knowledge, taking into account the cost of the treatment, consultation, drugs and associated tests, on average, how much does one cycle of IVF cost?

- Less than £1,000
- £1,000 to £2,499
- £2,500 to £4,999
- £5,000 to £7,499
- £7,500 to £9,999
- £10,000 to £12,499
- £12,500 to £14,999
- £15,000 to £17,499
- £17,500 to £19,999
- £20,000 to £22,499
- £22,500 to £24,999
- £25,000 or more
- Don't know

Taking into account the cost of the treatment, consultation, drugs and associated tests, IVF costs between £3,500 and £5,000 for an average single cycle

In August 2006, the British Fertility Society (BFS) made some recommendations for guidelines for NHS funded treatment. Their main recommendations for NHS funding of assisted conception included:

- If there is no physical cause, infertility is defined as the inability to conceive despite regular unprotected sexual intercourse over a period of at least 2 years
- Couples who have no children from their current relationship should be given priority for funding, but those with children should still be considered for funding
- Women should be under 40 years of age to receive NHS funding
- The age of the male partner should not matter
- People who have been sterilised (e.g. had a vasectomy) in the past will not usually be allowed NHS funding for assisted conception
- Women should be of a healthy body weight before receiving funding
- Patients who smoke should be allowed NHS funding but they should be offered help to stop
- Patients who have already received a course of NHS funded treatment should not be eligible for further funding. Patients who have paid for their own treatment should be eligible for NHS funding.
- The criteria for NHS funding should apply to heterosexual couples, same sex couples and single women. Same sex couples and single women should usually be eligible for six cycles of NHS funded donor insemination treatment.

Q32

In your opinion, are these guidelines for criteria to receive NHS funded IVF treatment too strict, too lenient or about right?

Much too strict

Somewhat too strict

About right

Somewhat too lenient

Much too lenient

Don't know

[route to page 27](#)

[route to page 26](#)

[route to page 26](#)

[route to page 27](#)

PAGE 25

[To those who said much/ somewhat too strict](#)

Q33

Why do you believe that the guidelines for criteria to receive NHS funded IVF treatment are too strict?

[OPEN TEXT](#)

PAGE 26

[To those who said much/ somewhat too lenient](#)

Q34

Why do you believe that the guidelines for criteria to receive NHS funded IVF treatment are too lenient?

[OPEN TEXT](#)

PAGE 27

[All respondents except those who do not support IVF under any circumstances](#)

Q35

Still thinking about people aged under 40, in your opinion, who should be eligible for NHS-funded IVF treatment? [Please tick all that apply]

Married couples

Unmarried couples who have been together for more than 3 years

Unmarried couples who have been together for less than 3 years

Male same-sex couples in a Civil Partnership

Male same-sex couples who have been together for more than 3 years

Male same-sex couples who have been together for less than 3 years

Female same-sex couples in a Civil Partnership

Female same-sex couples who have been together for more than 3 years

Female same-sex couples who have been together for less than 3 years

Single people

None of these

Don't know

Q36

And thinking about people aged 40 AND OVER, in your opinion, who should be eligible for NHS-funded IVF treatment? [Please tick all that apply]

- Married couples
- Unmarried couples who have been together for more than 3 years
- Unmarried couples who have been together for less than 3 years
- Male same-sex couples in a Civil Partnership
- Male same-sex couples who have been together for more than 3 years
- Male same-sex couples who have been together for less than 3 years
- Female same-sex couples in a Civil Partnership
- Female same-sex couples who have been together for more than 3 years
- Female same-sex couples who have been together for less than 3 years
- Single people
- None of these
- Don't know

PAGE 28

All respondents except those who do not support IVF under any circumstances

Selection criteria and process

Q37

Do you think IVF patients should be evaluated for their suitability as parents before doctors agree to treat them REGARDLESS of how it is funded?

- Yes
- No, parents who conceive naturally are not evaluated [route to page 30](#)
- Don't know [route to page 31](#)

PAGE 29

To those who say 'yes'

Q38

Why do you support the idea that there should be an official list of criteria that all people have to meet in order to receive IVF treatment, REGARDLESS of how it is funded? [Please tick all that apply]

RANDOMISE

- We do not all have a 'right' to have children
- Some people make more suitable parents than others
- It is not right that some groups in society should be helped to start a family

IVF is expensive and, if publicly funded, who receives the treatment should be regulated

Infertility is often down to a person's choice of lifestyle; these people should not qualify for treatment

- Other reason(s)
- Don't know

Q39

Who do you think should be officially responsible for deciding who should receive IVF, regardless of how it is funded? [Please tick all that apply]

- Doctors – GPs
- Doctors – specialists
- Fertility experts
- Social workers
- Government appointed officials
- Patient group representatives
- Other
- Don't know

Q40

Which of the following criteria do you think people who wish to undergo IVF should be judged against? [Please tick all that apply]

RANDOMISE

- Relationship status
- Income
- Home ownership
- Where they live
- What type of home they live in
- Working status
- Age
- Physical health – general
- Physical health – specific conditions
- Body weight
- Chance of conceiving naturally
- Sexuality
- Lifestyle
- Criminal record
- Mental health
- Number of existing children
- Other criteria
- Don't know

PAGE 30

To those who say 'no'

Q41

Which of the following describe why you oppose the idea that there should be an official list of criteria for deciding who should receive IVF, REGARDLESS of how it is funded? [Please tick all that apply]

- We all have an equal right to have children
- There is a danger that the criteria will discriminate against certain groups
- There are no 'official' criteria applied to who can have children naturally
- There is a danger that those appointed to oversee the process will not act impartially
- The process of assessing people against criteria may significantly delay the start of IVF treatment
- The process of assessing people against criteria may discourage couples from trying for a baby using IVF
- The process of assessing people against criteria may encourage them to go abroad for treatment
- Other reason(s)
- Don't know

PAGE 31

All respondents except those who do not support IVF under any circumstances

Statistical chance of IVF working

Q42

To the best of your knowledge, on average, what is the statistical chance of a 30 year old woman falling pregnant after a single cycle of IVF?

- Around 1 in 1 (100%)
- Around 1 in 2 (50%)
- Around 1 in 3 (33%)
- Around 1 in 4 (25%)
- Around 1 in 5 (20%)
- Around 1 in 10 (10%)
- Around 1 in 20 (5%)
- Less than 1 in 20 (less than 5%)
- Don't know

Q43

Female fertility diminishes with age. This has an effect on the statistical chances of success of IVF treatment – the older a woman is the less likely IVF is to work.

The statistical chance of a woman aged 30 or under falling pregnant after a single cycle of

IVF is around 25% (1 in 4), the chance of a woman over 40 falling pregnant after a single cycle of IVF is around 10% (1 in 10).

How would you describe your reaction to the above information?

- Very surprised
- Fairly surprised
- Not very surprised
- Not at all surprised
- Don't know

Q44

In your opinion, is this statistical chance of a woman falling pregnant after a course of IVF...?

- Very well publicised by the media
- Fairly well publicised by the media
- Not very well publicised by the media
- Never mentioned by the media
- Don't know

Q45

And do you believe that the media should mention the statistical chance of a woman falling pregnant after a course of IVF more often when covering the topic of infertility and its treatment?

- Yes, should always be mentioned
- Yes, should be mentioned more often
- No, should not be mentioned more often/ doesn't need to be mentioned
- No, it is mentioned enough already
- Don't know

PAGE 32

All respondents

The next few questions are about you. If you would prefer not to answer any of these questions, please tick 'prefer not to say'. You are under no obligation to answer any of these questions.

QD1

Which of the following newspapers do you read most often? Please include any newspapers' websites that you might visit to read the news or comment on current affairs.

- The Daily Express/ The Sunday Express
- The Daily Mail/ The Mail on Sunday
- The Daily Mirror/ The People
- The Evening Standard
- The Financial Times
- The Guardian/ The Observer
- The Independent/ The Independent on Sunday
- The Metro
- The Sun/ The News of the World
- The Telegraph/ The Sunday Telegraph
- The Times/ The Sunday Times
- Other national newspaper
- Other regional newspaper
- I do not read any newspapers/ newspapers' websites
- Prefer not to say

QD2

Which of the following television channels do you watch most often?

- BBC1
- BBC2
- Other BBC channel
- ITV1
- Other ITV channel
- Channel 4
- Other Channel 4 channel (E4. More4)
- Five
- Sky One
- Other Sky channel
- Other digital/ cable/ satellite channel
- I do not watch television
- Prefer not to say

QD3

Thinking about your personal beliefs, which of the following describe you?

- I believe in God and my religion is an active part of my life
- I believe in God but my religion is not an active part of my life

- I believe in God but I don't follow any particular religion
- I am unsure whether or not I believe in God/ I am agnostic
- I do not believe in God/ I am an atheist
- Other
- Prefer not to say

QD4

Which of the following religions/ codes of belief do you follow?

- Christianity – Protestantism
- Christianity – Roman Catholicism
- Judaism
- Islam
- Hinduism
- Sikhism
- Buddhism
- Humanism
- Other
- I don't follow any particular religion or code of belief
- Prefer not to say

QD5

And would you describe yourself as...?

- Someone who has strong opinions about most things
- Someone who has strong opinions on some things but not others
- Someone who does not really have any strong opinions
- Don't know
- Prefer not to say

QD6

Which of the following describe you?

- Single
- In a relationship but not living together
- Living with my partner/ living as married
- Married
- Separated/ divorced
- Widowed
- Other
- Prefer not to say

QD7

Thinking about any children you might have, whether they are your own biological children or not, which of the following describe your situation? [Please tick all that apply]

- I have one or more grown up children aged 18+
- I have one or more children aged 11 to 17
- I have one or more children aged 5 to 10
- I have one or more children 1 to 4
- I have one or more children aged under a year
- I do not have any children
- Prefer not to say

PAGE 33

To those with children

QD8

Are any of these children...? [Please tick all that apply]

- Adopted
- Fostered
- Step-children/ your partner's children
- None of these
- Prefer not to say

PAGE 34

All respondents

QD9

And finally, have you personally ever received IVF treatment?

- Yes, and it was successful
- Yes, but it has been unsuccessful so far
- Yes, but it was unsuccessful and I/ we have chosen not to try again
- No, but I/ we are considering it
- No, but I/ we would consider it
- No, I haven't
- Prefer not to say

END OF SURVEY 1

SURVEY 2

PAGE 1

All respondents (from survey 1)

This is the second part of the survey about infertility and IVF, which you kindly answered recently.

Just to remind you, these surveys are about fertility and aspects of fertility treatment. We will ask you for your opinions on these topics. The majority of the questions do not ask about your own personal situation.

Fertility tourism

We would like to begin with the topic of fertility tourism

‘Fertility Tourism’ is the practice of travelling from the UK to another country for fertility treatments. Some people choose to do this for several reasons.

The main reasons are:

- sperm and egg donors are in short supply in the UK but not in countries where they are paid for their donations
- the eligibility criteria in other countries are less strict (e.g. higher or no age limits)
- clinics abroad offer a wider range of services than those in the UK (e.g. choosing the sex of a baby for non-medical reasons)
- treatment is often cheaper abroad
- clinics abroad often have higher success rates than those in the UK

Q1

In general, how would you describe your attitude to ‘fertility tourism’?

Strongly support
Tend to support
Neither support nor oppose

Tend to oppose [route to page 4](#)
Strongly oppose [route to page 3](#)
Don't know [route to page 4](#)

Q2

Up to what age do you think it is acceptable for a woman to seek fertility treatment abroad?

Under 30 years
Under 40 years
Under 50 years
Under 60 years
Under 70 years
Any age
It is not acceptable at all
Don't know

PAGE 2

To all who support

Q3

Which, if any, of the following statements describe why you tend to support seeking fertility treatment abroad? [Please tick all that apply]

RANDOMISE

It is acceptable to travel abroad if you can no longer afford fertility treatment available in the UK
It is acceptable to travel abroad to avoid long waiting lists
IVF clinics abroad have a higher success rate than those in the UK; it's natural for people to want to go abroad
It gives a chance to couples who are not able to receive treatment they want in the UK – for example, to choose the sex of their baby
As donated eggs and sperm are in short supply in the UK, it makes sense to go abroad
None of these
Don't know

Q4

In the box below, please can you tell us in your own words why you support ‘fertility tourism’?

TEXT AREA – not validated

PAGE 3

To all who oppose

Q5

Which, if any, of the following statements describe why you tend to oppose seeking fertility treatment abroad? [Please tick all that apply]

RANDOMISE

Fertility treatment abroad is unsafe, the clinics abroad are not as good as the ones in the UK
 If the NHS declines a woman fertility treatment she should not seek it abroad
 It is wrong that some companies are making a lot of money out of couples by packaging fertility treatment as a luxury holiday
 By the time you have paid for the hotel and the flights you have not saved any money
 Fertility treatment abroad gives women false hope
 Clinics abroad offer services that are unacceptable, such as IVF for older women
 If a woman is not able to receive treatment in the UK, she should be strongly discouraged from seeking it abroad
 Fertility treatment using donated sperm or eggs from a foreign country is not right; these donations should only be available to residents of those countries
 None of these
 Don't know

Q6

In the box below, please can you tell us in your own words why you oppose 'fertility tourism'?

OPEN TEXT

PAGE 4

All respondents

Now we would like to move to the topic of embryo freezing

Embryos not required for treatment in a cycle of IVF can be frozen and stored for future use. Embryos are stored for up to 5 years, but in some cases this can be increased to 10 years.

The process takes 2 to 3 hours during which time the embryos are put in a number of solutions to dehydrate them before being transferred to small sealed plastic straws and frozen in a freezing machine. Once freezing is

complete embryos are stored in tanks of liquid nitrogen.

Q7

Thinking generally, how would you describe your attitude towards embryo freezing?

Strongly support
 Tend to support
 Neither support nor oppose
 Tend to oppose
 Strongly oppose
 Don't know

Q8

Do you agree or disagree with each of the following statements?

'Embryo freezing should not be allowed under any circumstances'

'It is perfectly acceptable to freeze the embryos of couples aged under 40 who are likely to become infertile through illness or the treatment of illness'

'It is perfectly acceptable to freeze the embryos of couples who want to delay having a family'

'It is better to freeze 'spare' embryos and use them for research than to discard them'

'Using unwanted embryos for research is essential'

'I regard an embryo as a life'

'It is acceptable to freeze the embryos of people so that the woman does not have to go through egg collection again if more IVF treatment is wanted'

'It is acceptable to freeze eggs and/ or sperm but not embryos'

Agree strongly
 Agree a little
 Neither agree nor disagree
 Disagree a little
 Disagree strongly
 Don't know

PAGE 5

To all who agree that embryo freezing should never be allowed

Q9

Which of the following describe why you do not think embryo freezing should not be allowed under any circumstances? [Please tick all that apply]

RANDOMISE

- Infertility is not an illness
- People do not have a right to have children
- Creating babies in this way is not natural
- It creates false hope for many couples
- Religious reasons
- An embryo is a human life and should not be frozen
- It uses a lot of money and energy that should be put to other uses
- IVF is not a guaranteed way of falling pregnant; freezing embryos may prove a false hope for people
- Other reason(s)
- Don't know

Group routed to page 10 to avoid repetition

PAGE 6

To all who agree with freezing embryos of people with illnesses

Q10

Which of the following describe why you think it is acceptable to freeze the embryos of people aged under 40 who may become infertile through illness? [Please tick all that apply]

RANDOMISE

- Every person has a right to have a child of their own
- It is not the fault of the person that they are/ might become infertile
- It is often man-made treatments for illnesses that make people infertile, so why shouldn't people use man-made solutions
- If modern science can offer this service to people, I don't see why they shouldn't take it
- Other reason(s)
- Don't know

PAGE 7

To all who disagree with freezing embryos of people with illnesses

Q11

Which of the following describe why you think it NOT acceptable to freeze the embryos of people aged under 40 who may become infertile through illness? [Please tick all that apply]

RANDOMISE

- An embryo is a human life and should not be frozen
- Falling ill is natural, freezing embryos is not
- IVF is not a guaranteed way of falling pregnant; freezing embryos may prove a false hope
- I believe that embryos should never be frozen, whatever the circumstances
- Other reason(s)
- Don't know

PAGE 8

To all who agree with freezing embryos of people who want to delay a family

Q12

Which of the following describe why you think it is acceptable to freeze the embryos of couples who want to delay having a family? [Please tick all that apply]

RANDOMISE

- It's a person's free will to decide when they want to have children
- I do not think there is anything wrong with starting a family later in life
- People are living longer so it seems natural to want children later in life
- No one can predict the future; it's sensible to ensure that you will be able to start a family when you plan to
- If modern science can offer this service to people, I don't see why they shouldn't take it
- It's largely society's fault that women are having/ wanting children later in life; so society should offer a solution for those who find it hard to fall pregnant
- Other reason(s)
- Don't know

PAGE 9

To all who disagree with freezing embryos of people who want to delay a family

Q13

Which of the following describe why you think it NOT acceptable to freeze the embryos of couples who want to delay having a family? [Please tick all that apply]

RANDOMISE

- It is not natural to have children when you are past child bearing age
- There is a strong chance that the child will grow up an orphan
- Older people cannot be sure they will have the strength to 'keep up' with a young child
- You should not put off having children simply because you are 'too busy' or want to further your career
- There is always a chance that a couple may separate; freezing their embryos could lead to problems if this happens
- It is wasteful of money, energy and other resources to freeze embryos on the off-chance that a couple may decide to have a family in the future
- People that want to have a family later in life should be encouraged to consider options such as adoption or fostering
- IVF is not a guaranteed way of falling pregnant; freezing embryos may prove a false hope
- I believe that embryos should never be frozen, whatever the circumstances
- Other reason(s)
- Don't know

PAGE 10

All respondents

In this section we will discuss 'spare' frozen embryos by this we mean embryos that will not be used, usually because a couple who was undergoing fertility treatment has completed their family

Q14

What do you think should happen to 'spare' frozen embryos? [Please tick all more than one if necessary]

- Should be discarded immediately
- Should be discarded after a specified period of time
- Should be used for medical research
- Should be anonymously donated to other people

- Should be donated to other people but not anonymously
- Other
- Don't know
- I believe that embryos should never be frozen, whatever the circumstances

PAGE 11

All respondents

We would like you to imagine a situation where a couple who have had embryos frozen are no longer together...

Q15

The man does not want the fertility clinic to release the embryos but it's the woman's only chance to have a baby.

In this case, who do you think should have the final decision about what happens to the embryos?

- It should always be a joint decision
- The man
- The woman
- Someone else (e.g. a judge)
- Neither party/ no one should decide/ the embryos should be discarded
- Don't know

And now please imagine that is the other way round...

Q16

The woman does not want the fertility clinic to release the embryos but the man would like to have the embryos implanted into his new partner as it is his only chance to have a child of his own

In this case, who do you think should get the final decision about what happens to the embryos?

- It should always be a joint decision
- The man
- The woman
- Someone else (e.g. a judge)
- Neither party/ no one should decide/ the embryos should be discarded
- Don't know

PAGE 12

All respondents

Donor sperm and eggs

For many years it has been possible to store sperm. Typically, donor sperm is used to help couples have children where the male partner is infertile.

More recently, it has become possible to harvest eggs from a woman donor and implant fertilised eggs into another woman's womb.

Q17

How acceptable or unacceptable do you think it is for a man to donate his sperm for use in fertility treatments to allow infertile couples to have children?

- Entirely acceptable
- Acceptable on balance
- Neither acceptable nor unacceptable
- Unacceptable on balance
- Entirely unacceptable
- No opinion

Q18

And how acceptable or unacceptable do you think it is for a man to donate his sperm for use in fertility treatments to allow people to start 'non-traditional' families (e.g. single women, female same-sex couples)?

- Entirely acceptable
- Acceptable on balance
- Neither acceptable nor unacceptable
- Unacceptable on balance
- Entirely unacceptable
- No opinion

Q19

How acceptable or unacceptable do you think it is for a woman to donate her eggs, for use in fertility treatments to allow infertile couples to have children?

- Entirely acceptable
- Acceptable on balance
- Neither acceptable nor unacceptable
- Unacceptable on balance
- Entirely unacceptable
- No opinion

Q20

And how acceptable or unacceptable do you think it is for a woman to donate her eggs for

use in fertility treatments to allow people to start 'non-traditional' families (e.g. same-sex couples)?

- Entirely acceptable
- Acceptable on balance
- Neither acceptable nor unacceptable
- Unacceptable on balance
- Entirely unacceptable
- No opinion

Q21

Do you think sperm donors should be paid (anything more than expenses), or should it be a voluntary process?

- Sperm donors should be paid
- Sperm donors should not be paid
- Don't know

Q22

And do you think egg donors should be paid (anything more than expenses), or should it be a voluntary process?

- Egg donors should be paid
- Egg donors should not be paid
- Don't know

PAGE 13

All respondents

In the UK there is currently a severe shortage of donor sperm and eggs. It is believed by many that if donors were paid, as they are in other countries, then this would help to improve this situation.

Now bearing this information in mind...

Q23

Do you think sperm donors should be paid (anything more than expenses), or should it be a voluntary process?

- Sperm donors should be paid
- Sperm donors should not be paid
- Don't know

Q24

And do you think egg donors should be paid (anything more than expenses), or should it be a voluntary process?

- Egg donors should be paid
- Egg donors should not be paid
- Don't know

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Those who think egg donors should be paid and sperm donors should NOT

Q25

Why do you think that egg donors should be paid and sperm donors should not?

[OPEN TEXT](#)

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All respondents

Q26

Since 2005, neither egg nor sperm donors have the right to anonymity. At 18 a child has the right to find their genetic parent. Genetic donor parents do not have any 'official' obligations to children conceived using their donated eggs or sperm; they are not obliged to support them financially nor do they have any 'duty of care' to fulfil.

This gives children conceived using donor eggs and sperm the same rights as adopted children.

Is this as it should be?

Yes – donors should NOT be anonymous

No – donors should have the right to be anonymous

Don't know

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All respondents

Q27

Since the law changed and egg and sperm donors are no longer anonymous, there has been a decline in the number of people becoming donors in the UK. This has led to a shortage of egg and sperm donations.

Now bearing this information in mind...

Do you feel that egg and sperm donors should or should not have the right to be anonymous?

Donors should NOT have the right to be anonymous

Donors should have the right to be anonymous

Don't know

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All respondents

How strongly do you agree or disagree with each of the following...

Q28

'A child conceived from donated sperm and/or egg should have the right to know that this is the case'

Agree strongly

Agree a little

Neither agree nor disagree

Disagree a little

Disagree strongly

Don't know

Q29

'A child conceived from donated sperm and/or egg should be allowed to trace their donor 'parent''

Agree strongly

Agree a little

Neither agree nor disagree

Disagree a little

Disagree strongly

Don't know

Q30

At the moment, genetic donor parents do not have any 'official' obligations to children conceived using their donated eggs or sperm; they are not obliged to support them financially nor do they have any 'duty of care' to fulfil.

Bearing this in mind, do you feel that genetic donor parents should or should not have any responsibilities towards children conceived using their donations?

Should have responsibilities

Should not have responsibilities

Don't know [route to END](#)

[route to END](#)

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To those who think they should have responsibilities

Q31

Which of the following responsibilities do you believe a donor parent should have towards any child conceived from their donations?

[Please tick all that apply]

Emotional

Financial

Moral

Social (e.g. passing on any important medical information)

Other

Don't know

END