

# UNITY QPE Background Questionnaire for Healthcare Professionals

Qualitative Study ID:

 U  T  Q  H    

What is your gender?

☐ Female ☐ Male ☐ Prefer not to say ☐ Prefer to self-describe

If "What is your gender?" answered **Prefer to self describe**, show "If prefer to self-describe, please enter details"

If prefer to self-describe, please enter details:

How old are you?

  

What is your ethnic origin? (Describes where your family originates from and not where you were born) Tick one

☐ Asian or Asian British ☐ Black, Black British, Caribbean or African ☐ Mixed or multiple ethnic groups  
☐ Other ethnic group ☐ White

If "What is your ethnic origin?" answered **Asian or Asian British-e**, show "If Asian/Asian British"

If Asian/Asian British

☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Any other Asian background

If "If Asian/Asian British" answered **Any other Asian background**, show "If any other Asian background, please enter details"

If any other Asian background, please enter details:

If "What is your ethnic origin?" answered **Black, Black British, Caribbean or African**, show "If Black/African/Caribbean/ Black British"

If Black/African/Caribbean/Black British

☐ African ☐ Caribbean ☐ Any other Black/African/Caribbean background

If "If Black/African/Caribbean/Black British" answered **Any other Black/African/Caribbean background**, show "If any other Black/African/Caribbean background, please enter details"

If any other Black/African/Caribbean background, please enter details:

If "What is your ethnic origin?" answered **Mixed or multiple ethnic groups**, show "If Mixed/multiple ethnic groups"

If Mixed/multiple ethnic groups

☐ White and Black Caribbean ☐ White and Black African  
☐ White and Asian ☐ Any other Mixed/Multiple ethnic background

If "If Mixed multiple ethnic groups" answered **Any other Mixed/Multiple ethnic background**, show "If any other Mixed/Multiple ethnic background, please enter details"

If any other Mixed/Multiple ethnic background, please enter details:

If "What is your ethnic origin?" answered **Other ethnic group**, show "If Other ethnic group"

If any other ethnic group

☐ Arab ☐ Any other ethnic group

If "If any other ethnic groups" answered **Any other ethnic group**, show "If any other ethnic group, please enter details"

If any other ethnic group, please enter details:

If "What is your ethnic origin?" answered **White**, show "If White"

If White

☐ English/Welsh/Scottish/Northern Irish/British ☐ Irish  
☐ Gypsy or Irish Traveller ☐ Roma  
☐ Any other white background

If "If White" is answered **Any other white background**, show "If any other white background, please enter details"

If any other white background, please enter details:

Which of the following categories best describes your current profession?

☐ Nurse ☐ Doctor

If "Which of the following categories best describes your current profession?" answered **Doctor**, show "If a doctor, at what level?"

If a doctor, at what level?

☐ ST1-5☐ ST6+☐ Consultant/Equivalent

How many years is it since you first qualified in your current profession? \_\_\_\_

What is your current job title? \_\_\_\_\_

How many years have you been working in your current role? \_\_\_\_

What site do you work at? \_\_\_\_\_

What is the approximate annual number of IUI and IVF procedures (**all**) at the site where you work? \_\_\_\_

What is the approximate annual number of IUI procedures at the site where you work? \_\_\_\_

What is the approximate annual number of IVF procedures at the site where you work? \_\_\_\_

Approximately how many IUI procedures do you do/assist with each year? \_\_\_\_

Approximately how many IVF procedures do you do/assist with each year? \_\_\_\_

Which type of fertility procedure is your preference?

☐ IUI☐ IVF☐ No preference**Thank you for taking the time to complete this questionnaire.**