



## Men Living with Muscular Dystrophy Survey

### Instructions for Telephone Interviews

#### Overview

This telephone interview script is provided to assist interviewers when a respondent requests to do the interview by phone. The script asks the questions so that the interview flows smoothly. Please read and complete preparation steps before calling the participant. Make sure you have a good understanding of how to use this document. You should complete at least one mock phone interview prior to calling any participants. Because this phone survey does not have automated skip patterns, it requires careful attention to detail, and that interviewers are familiar with the survey.

#### Who can respond on the phone to the survey?

Do not conduct the survey with a proxy. *An individual may assist the participant by repeating questions or with translation of the survey -- but only the participant may provide answers to the survey.*

#### General Interviewing Conventions and Instructions

- There are two versions of the survey: one for males and one for females. At the bottom of the pages you will a M for males and an F for females next to the page number. Make sure you have the correct version before you call the participant.
- Before you do anything else, write the participant's ID number at the bottom of every page.
- The survey introduction script and questions must be read verbatim
- Always read the text in the survey. Reciting the survey from memory can lead to unnecessary errors and missed updates to the scripts.
- Practice pronouncing the participant's name before initiating the call
- All questions and all answer categories must be read exactly as they are worded
  - o During the course of the survey, the use of **neutral** acknowledgment words such as the following is permitted:
    - Thank you
    - Alright
    - Okay
    - I understand, or I see
    - Yes, Ma'am
    - Yes, Sir

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

- Adjust the pace of the survey interview to be conducive to the needs of the respondent
- No changes are permitted to the order of the survey
- No changes are permitted to the order of the answer categories for the questions
- All transitional phrases must be read
- Instructions to go to the next question must NOT be read. For example, do not read “→ **Go to question 52**”. Simply go to that question and continue survey.
- MISSING/DON'T KNOW (DK) response options are not read. If a participant is unable to provide a response for a given question (or refuses to provide a response), you mark the appropriate response and proceed to the next question
- Be prepared to probe if the participant answers outside of the answer categories provided. Probe by repeating the answer categories only; do not interpret for the participant.
- Pay attention to skip patterns.
- There are some open text responses. Do your best to capture the respondent's answer in the available space. If the person states more than you can fit, you can take notes on an additional piece of paper or the back of the survey packet. In these cases, please clearly indicate the question number. You can also tell the participant you only have limited space to record the answer, if necessary.
  - o Example: If person speaking more than 2-3 minutes, you can say “Thank you, I have recorded what you have provided. I have a limited amount of space for this answer. Can we move on to the next question?”

## Recording

If the participant agrees, the survey will be recorded for quality control purposes. Make sure you are familiar with the recording function from your zoom phone, such as knowing how to start and stop a recording and where the audio file will be saved. Do not start recording until or if the participant agrees. Follow all relevant privacy, data security, and IRB requirements with the storage, transmission, and deletion of survey data on audio files.

## Scripts

Before starting, identify which script you will need:

- **Initiating Contact**
- **Call back to complete a previously started survey**

Make sure to have the necessary information to fill in the content of these scripts (participant gender, name, and age).

If the person asks to finish the survey later, you will need to use the script for:

- **Setting call back time when completing survey**

For all scripts, please note:

- All text that appears in lowercase letters must be read out loud
- Text in UPPERCASE letters must not be read out loud

- o However, YES and NO response options are to be read if necessary

## **INITIATING CONTACT**

START Hello, may I please speak to [PARTICIPANT NAME]?

OPTIONAL START:

Hello, my name is [INTERVIEWER NAME], may I please speak to [PARTICIPANT NAME]?

<1> YES → **Go to INTRODUCTION**

This is [INTERVIEWER NAME] calling from the <Site> MD STARnet program at <grantee organization>. The MD STARnet program is funded by the Centers for Disease Control and Prevention. You have asked for assistance with completion of our survey. May we complete the survey together now?

<2> NO [REFUSAL]

<3> NO, NOT AVAILABLE RIGHT NOW → **Go to SETTING CALLBACK TIME WHILE COMPLETING A SURVEY**

IF ASKED WHO IS CALLING:

This is [INTERVIEWER NAME] calling from the <Site> MD STARnet program at <grantee organization>. The MD STARnet program is funded by the Centers for Disease Control and Prevention. We are conducting a survey about people's experiences living with muscular dystrophy. Is [PARTICIPANT NAME] available?

IF ASKED WHETHER PERSON CAN SERVE AS PROXY FOR SAMPLED PARTICIPANT:

For this survey, we need to speak directly to [PARTICIPANT NAME]. Is [PARTICIPANT NAME] available?

IF THE SAMPLED PARTICIPANT IS NOT AVAILABLE:

Can you tell me a convenient time to call back to speak with (him/her)?

IF THE SAMPLED PARTICIPANT SAYS THIS IS NOT A GOOD TIME:

If you don't have the time now, when is a more convenient time to call you back?

IF ASKED IF YOU WOULD LIKE TO SPEAK TO "SR." OR "JR.":

I would like to speak with [PARTICIPANT NAME] who is approximately [AGE RANGE]. Is that person available?

IF SOMEONE OTHER THAN THE SAMPLED PARTICIPANT ANSWERS THE PHONE RECONFIRM THAT YOU ARE SPEAKING WITH THE SAMPLED PARTICIPANT WHEN HE OR SHE PICKS UP.

Participant ID: \_\_\_\_\_

**CALL BACK TO COMPLETE A PREVIOUSLY STARTED SURVEY**

START Hello, may I please speak to [PARTICIPANT NAME]?

OPTIONAL START:

Hello, my name is [INTERVIEWER NAME], may I please speak to [PARTICIPANT NAME]?

<1> YES → **Go to INTRODUCTION**

<2> NO [REFUSAL]

<3> NO, NOT AVAILABLE RIGHT NOW → **Go to SETTING CALLBACK TIME WHILE COMPLETING A SURVEY**

IF ASKED WHO IS CALLING:

This is [INTERVIEWER NAME] calling from the <Site> MD STARnet program at <grantee organization>. The MD STARnet program is funded by the Centers for Disease Control and Prevention. Is [PARTICIPANT NAME] available to complete a survey that [HE/SHE] started at an earlier date?

CONFIRM PARTICIPANT FOR A PREVIOUSLY STARTED SURVEY:

This is [INTERVIEWER NAME] calling from <grantee organization>, on behalf of <Site> MD STARnet program. I would like to confirm that I am speaking with [PARTICIPANT NAME]. I am calling to continue the survey started on an earlier date. CONTINUE SURVEY WHERE PREVIOUSLY LEFT OFF.

CONFIRM PARTICIPANT FOR A CALL BACK:

This is [INTERVIEWER NAME] calling from <grantee organization>, on behalf of <Site> MD STARnet program. I would like to confirm that I am speaking with [SAMPLED PARTICIPANT NAME]. I am calling back at the time you requested to take the survey.

**SETTING CALLBACK TIME WHILE COMPLETING A SURVEY**

Occasionally, a participant may need to leave the telephone call after starting the survey with you. When this occurs, you will secure a day and time to call the participant back and record that information here.

START I would like to schedule a day and time when I can call you back to complete the survey.  
What day and time is best for you?

[SET CALLBACK]

Day of the week: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Any additional Notes about Callback:



## Men Living with Muscular Dystrophy Survey

START HERE

INTRODUCTION

This survey asks about you and your experiences as a person diagnosed with muscular dystrophy. We will ask you about you and your household, your experience with COVID-19 and vaccination, chronic pain and fatigue related to your muscular dystrophy, and your experiences with family planning and family building.

The survey should take no more than 15 minutes to complete. You may skip any questions you do not wish to answer. We will not publish any information that can be linked to you or your household.

This survey is conducted by <Site> Muscular Dystrophy Surveillance, Research and Tracking Network (MD STARnet) with funding from the Centers for Disease Control and Prevention.

If you have any questions about this survey, you can call our study coordinator at <1 (XXX) XXX-XXXX>.

If you have questions about your rights as a research participant, please contact the <grantee institution office of research> at <1 (XXX)XXX-XXXX>.

Thank you for helping improve care for people like you living with muscular dystrophy!

We would like to record this call for quality assurance. Is it ok for me to record this call?

- Yes **Start Recording** "Thank you. I have started the call recording"
- No **Do Not Record** "Thank you. I will not record the call."

**If the person asks for more information about the call recording:** The recording will be kept on a secure server only accessible to the research team. It will only be used to ensure your answers are accurately recorded in the research dataset.

**The first set of questions are about you and your household.**

1. What is your ethnicity? Are you Hispanic or Latino?  
 Yes, Hispanic or Latino  
 No, Not Hispanic or Latino
2. Now, I am going to read a list of categories. Please choose one or more of the following categories to describe your race. What race do you identify with?  
 American Indian/Alaskan Native  
 Asian  
 Black or African American  
 Native Hawaiian or Pacific Islander  
 White  
 Other
3. Are you currently attending a school or college?  
 Yes  
 No

**Do not read:**

- I don't know
- I prefer not to answer

4. What is the highest level of education you completed? Is it...  
 Elementary school (grades 1 through 8)  
 Some high school (grades 9 through 11)  
 Graduated high school (grade 12)  
 Some college or technical school  
 Graduated college or technical school  
 Graduate school

**Do not read:**

- I don't know
- I prefer not to answer

5. Do you own or rent your home?  
 Own  
 Rent  
 Other arrangement

**Do not read:**

- I don't know
- I prefer not to answer

6. What is your current employment status?  
 Employed for wages (**Go to next question, otherwise → Go to question 8**)  
 Self-employed (**Go to next question, otherwise → Go to question 8**)  
 Out of work for a year or more  
 Out of work for less than a year  
 Homemaker  
 Student  
 Retired  
 Unable to work  
 Other, please specify: \_\_\_\_\_

**Do not read:**

- I don't know
- I prefer not to answer

7. If employed, how many hours per week are you working?  
 Less than 20 hours per week  
 20-40 hours per week  
 More than 40 hours per week

**Do not read:**

- I don't know
- I prefer not to answer

8. During the last 12 months, what was your yearly total household income before taxes? Was it...  
 \$40 to \$9,999  
 \$10,000 to \$24,999  
 \$25,000 to 49,999  
 \$50,000 to 74,999  
 \$75,000 to 99,999  
 \$100,000 to 149,999  
 \$150,000 and greater

**Do not read:**

- I don't know
- I prefer not to answer
-

**The following questions are about COVID-19 and influenza.**

9. To your knowledge, have you had COVID-19?

- Yes
- No → **Go to question 13**

**Do not read:**

- I don't know → **Go to 13**
- I prefer not to answer → **Go to 13**

10. Was your infection confirmed by a test?

- Yes, confirmed by test
- No, not confirmed by test

**Do not read:**

- I don't know
- I prefer not to answer

11. Describe the level of care you received. Would you say you...

- Did not seek medical care
- Received medical care but was not hospitalized
- Were hospitalized

**Do not read:**

- I don't know
- I prefer not to answer

12. How would you characterize your symptoms? Would you say you had...

- No symptoms
- Mild symptoms (Such as low-grade fever, cough, shortness of breath)
- Moderate symptoms (Such as moderate difficulty breathing, body aches, fatigue)
- Severe symptoms (Such as severe difficulty breathing, persistent pain, inability to stay awake)

**Do not read:**

- I don't know
- I prefer not to answer

13. Have you received a COVID-19 vaccine?

- Yes → **Go to question 15**
- No

**Do not read:**

- I don't know → **Go to 15**
- I prefer not to answer → **Go to 15**

14. What are the reasons you have not received a COVID-19 vaccine? I will read a list of

potential reasons. Please tell me whether each one is a reason you have not had the COVID vaccine.

- I would like to get it but have not been able to
- I am worried about the side effects of the vaccine
- I do not like vaccines or needles
- I am not worried about getting COVID-19
- I already had COVID-19
- I have a medical condition that prevents me from getting the vaccine
- I do not think the vaccine is effective
- I just don't want the vaccine
- Other

**[If "other selected"]** Please specify the reason:

**Do not read:**

- I don't know
- I prefer not to answer

15. Have you ever received a flu vaccine?

- Yes
- No → **Go to question 17**

**Do not read:**

- I don't know → **Go to question 18**
- I prefer not to answer → **Go to 18**

16. Did you receive the flu vaccine any time in the last 12 months?

- Yes → **Go to question 18**
- No

**Do not read:**

- I don't know → **Go to 18**
- I prefer not to answer → **Go to 18**

17. What are the reasons you have not received the flu vaccine during the past 12 months? I will read a list of potential reasons. Please tell me whether each one is a reason you have not had the flu vaccine in last 12 months.



- I would like to get it but have not been able to
- I am worried about the side effects of the vaccine
- I do not like vaccines or needles
- I am not worried about getting the flu
- I already had the flu
- I have a medical condition that prevents me from getting the vaccine
- I do not think the vaccine is effective
- I just don't want the vaccine
- Other

**[If "other selected"]** Please briefly specify the reason:

**Do not read:**

- I don't know
- I prefer not to answer

**The next set of questions ask about your experience with chronic pain and fatigue related to your muscular dystrophy.**

18. In the past **30 days**, how many days have you experienced pain related to your muscular dystrophy in any part of your body?

**Do not read response options:**

- \_\_\_\_\_ number of days
- I cannot recall having muscular dystrophy-related pain in the last 30 days → **Go to question 52**
- I prefer not to answer → **Go to 52**

19. Is your pain managed by medication or other methods?

- Yes
- No

**Do not read:**

- I don't know
- I prefer not to answer

20. What time of day is your pain the worst?

**Please tell me all that apply.**

- Morning
- Afternoon
- Evening and night

**Do not read:**

- I don't know
- I prefer not to answer

21. Where in your body do you typically have pain? I will read a list of potential responses. Please tell me whether this is a part of your body where you typically have pain.

**Check all that apply.**

- Head
- Neck
- Shoulders
- Arms
- Back
- Chest
- Stomach
- Hips
- Legs
- Feet
- Other

**[If "other selected"]** Please specify the other area where you have pain:

**Do not read:**

- I don't know
- I prefer not to answer

**The next questions are about how you have managed your pain in the past 30 days.**

22. Do you use over-the-counter/non-prescription pain medications such as aspirin, ibuprofen, or acetaminophen to manage the pain related to your muscular dystrophy?

- Yes
- No → **Go to question 25**

**Do not read:**

- I don't know → **Go to 25**
- I prefer not to answer → **Go to 25**

23. How often do you use any combination of this type of medication to manage your pain?

- Every day
- 2-6 days per week
- Once a week
- Once a month
- Not in the last month

**Do not read:**

- I don't know
- I prefer not to answer

24. How helpful are any combination of these medications in managing your pain? Do they...

- Completely relieve the pain
- Reduce pain so you can manage your normal activities
- Provide some relief but not enough that you can resume normal activities
- Provide little or no pain relief

**Do not read:**

- I don't know
- I prefer not to answer

25. Do you use prescription opioid pain medications – such as Percocet (oxycodone), Vicodin (hydrocodone), or Ultram (tramadol) – to manage the pain related to your muscular dystrophy?

- Yes
- No → **Go to question 28**

**Do not read:**

- I don't know → **Go to 28**
- I prefer not to answer → **Go to 28**

26. How often do you use any combination of this type of medication to manage your pain?

- Every day
- 2-6 days per week
- Once a week
- Once a month
- Not in the last month

**Do not read:**

- I don't know
- I prefer not to answer

27. How helpful are any combination of these medications in managing your pain? Do they...

- Completely relieve the pain

- Reduce pain so you can manage my normal activities
- Provide some relief but not enough that you can resume normal activities
- Provide little or no pain relief

**Do not read:**

- I don't know
- I prefer not to answer

28. Do you use cannabidiol (CBD) or any other marijuana-based treatment products to manage the pain related to your muscular dystrophy?

- Yes
- No → **Go to question 31**

**Do not read:**

- I don't know → **Go to 31**
- I prefer not to answer → **Go to 31**

29. How frequently do you use any combination of CBD or marijuana-based treatment products to manage your pain?

- Every day
- 2-6 days per week
- Once a week
- Once a month
- Not in the last month

**Do not read:**

- I don't know
- I prefer not to answer

30. How helpful are any combination of CBD or marijuana-based treatment products in managing your pain?

- Completely relieve the pain
- Reduce pain so I can manage my normal activities
- Provide some relief but not enough that I can resume normal activities
- Provide little or no pain relief

**Do not read:**

- I don't know
- I prefer not to answer

31. Do you use alternative medications – such as herbal supplements – to manage the pain related to your muscular dystrophy?

- Yes
- No → **Go to question 34**

**Do not read:**

- I don't know → **Go to 34**
- I prefer not to answer → **Go to 34**

32. How frequently do you use any combination of this type of medication to manage your pain?

- Every day
- 2-6 days per week
- Once a week
- Once a month
- Not in the last month

**Do not read:**

- I don't know
- I prefer not to answer

33. How helpful are any combination of these medications in managing your pain?

- Completely relieve the pain
- Reduce pain so you can manage my normal activities
- Provide some relief but not enough that you can resume normal activities
- Provide little or no pain relief

**Do not read:**

- I don't know
- I prefer not to answer

34. Do you use nonpharmacological methods such as biofeedback, physical therapy, behavioral modifications, better sleep practices, better hygiene practices, or diet to manage the pain related to your muscular dystrophy?

- Yes
- No → **Go to question 37**

**Do not read:**

- I don't know → **Go to 37**
- I prefer not to answer → **Go to 37**

35. How frequently do you use any combination of these methods to manage your pain?

- Every day
- 2-6 days per week
- Once a week
- Once a month
- Not in the last month

**Do not read:**

- I don't know
- I prefer not to answer

36. How helpful are any combinations of these methods in managing your pain?

- Completely relieve the pain
- Reduce pain so you can manage your normal activities
- Provide some relief but not enough that you can resume normal activities
- Provide little or no pain relief

**Do not read:**

- I don't know
- I prefer not to answer

37. Do you use any other method or therapy to manage your pain?

- Yes
- No → **Go to question 41**

**Do not read:**

- I don't know → **Go to 41**
- I prefer not to answer → **Go to 41**

38. What other methods or therapies do you use?

39.  
39.  
39.  
39.  
39.  
39.  
39.  
39.

How frequently do you use any combination of these other methods to manage your pain?

- Every day
- 2-6 days per week
- Once a week
- Once a month
- Not in the last month

**Do not read:**

- I don't know
- I prefer not to answer

40. How helpful are any combination of these other methods in managing your pain?

- Completely relieve the pain
- Reduce pain so I can manage my normal activities
- Provide some relief but not enough that I can resume normal activities
- Provide little or no pain relief

**Do not read:**

- I don't know

I prefer not to answer

The next questions ask about the intensity of your pain. For each item, please tell me the option that *best* describes the intensity of your pain during the indicated time-period.

41. **In the past 7 days**, how intense was your pain at its worst? Was it...

- No pain
- Mild
- Moderate
- Severe
- Very severe

**Do not read:**

- I don't know
- I prefer not to answer

42. **In the past 7 days**, how intense was your **average** pain? Was it...

- No pain
- Mild
- Moderate
- Severe
- Very severe

**Do not read:**

- I don't know
- I prefer not to answer

43. What is your level of pain right now? Is it...

- No pain
- Mild
- Moderate
- Severe
- Very severe

**Do not read:**

- I don't know
- I prefer not to answer

The next questions are about the impact of pain on your activities. For each item, please select the option that *best* describes how often the impact of pain occurred in the past 7 days.

44. **In the past 7 days**, how much did pain interfere with your day to day activities?

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

**Do not read:**

- I don't know
- I prefer not to answer

45. **In the past 7 days**, how much did pain interfere with work around the home? Was it...

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

**Do not read:**

- I don't know
- I prefer not to answer

46. **In the past 7 days**, how much did pain interfere with your ability to participate in social activities? Was it...

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

**Do not read:**

- I don't know
- I prefer not to answer

47. **In the past 7 days**, how much did pain interfere with your household chores? Was it...

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

**Do not read:**

- I don't know
- I prefer not to answer

48. **In the past 7 days**, how much did pain interfere with the things you usually do for fun? Was it...

- Not at all
- A little bit
- Somewhat

- Quite a bit
- Very much

**Do not read:**

- I don't know
- I prefer not to answer

49. **In the past 7 days**, how much did pain interfere with your enjoyment of social activities?

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

**Do not read:**

- I don't know
- I prefer not to answer

50. **In the past 7 days**, how much did pain interfere with your enjoyment of life?

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

**Do not read:**

- I don't know
- I prefer not to answer

51. **In the past 7 days**, how much did pain interfere with your family life?

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

**Do not read:**

- I don't know
- I prefer not to answer

**The next questions are about how tired you felt during the past week and how feeling tired impacted your daily activities.**

52. **In the past 7 days**, how often was the statement "I felt exhausted." true?

- Never
- Rarely
- Sometimes
- Often
- Always

**Do not read:**

- I don't know
- I prefer not to answer

53. **In the past 7 days**, how often was the statement "I felt like I had no energy" true?

- Never
- Rarely
- Sometimes
- Often
- Always

**Do not read:**

- I don't know
- I prefer not to answer

54. **In the past 7 days**, how often was the statement "I felt fatigued" true?

- Never
- Rarely
- Sometimes
- Often
- Always

**Do not read:**

- I don't know
- I prefer not to answer

55. **In the past 7 days**, how often was the following statement true? "I was too tired to do my household chores."

- Never
- Rarely
- Sometimes
- Often
- Always

**Do not read:**

- I don't know
- I prefer not to answer

56. **In the past 7 days**, how often was the following statement true? "I was too tired to leave the house."

- Never
- Rarely
- Sometimes
- Often
- Always

**Do not read:**

- I don't know
- I prefer not to answer

57. In the past 7 days, how often was the following statement true? "I was frustrated by being too tired to do the things I wanted to do."

- Never
- Rarely
- Sometimes
- Often
- Always

**Do not read:**

- I don't know
- I prefer not to answer

58. In the past 7 days, how often was the statement "I felt tired" true?

- Never
- Rarely
- Sometimes
- Often
- Always

**Do not read:**

- I don't know
- I prefer not to answer

59. In the past 7 days, how often was the statement following statement true? "I had to limit my social activity because I was tired."

- Never
- Rarely
- Sometimes
- Often
- Always

**Do not read:**

- I don't know
- I prefer not to answer

**If the respondent's response to all of the statements 52-59 was 'Never' or 'Rarely', please go to question 61.**

60. How have you managed your fatigue in the past 7 days? **Please tell me all that apply.**

- Stimulants
- Exercise
- Coffee and/or other caffeine containing beverages
- Prescription medications
- Non-prescription medications
- Dietary Supplements
- Sleep
- Herbal remedies
- Other, specify \_\_\_\_\_

**Do not read:**

- I don't know
- I prefer not to answer

61. Please tell us anything else about your experience with pain or fatigue:

**The next questions are about your experience with muscular dystrophy and family planning.**

62. At what age were you diagnosed with muscular dystrophy?

**Do not read:**

- I don't know
- I prefer not to answer

63. Have you ever talked with a genetic counselor or other medical provider about the chance for your children or other family members to have muscular dystrophy?

- Yes
- No → **Go to question 66**

**Do not read:**

- I don't know → **Go to 66**
- I prefer not to answer → **Go to 66**

64. When did you talk with the genetic counselor or medical provider? Was it...

- Before considering or having children

- During one of my partner's pregnancies
- Between my partner's pregnancies
- After I was done having children → **Go to question 66**

**Do not read:**

- I don't remember/I don't know → **Go to 66**
- I prefer not to answer → **Go to 66**

65. How did speaking with this person affect your decision to have (more) children?

- It did not/will not affect my decision to have children
- I decided not to have my own children
- I decided to adopt
- I decided to see a medical provider who could help me have children without muscular dystrophy
- Other, specify: \_\_\_\_\_

**Do not read:**

- I don't know
- I prefer not to answer

66. Some men are not physically able to father children. As far as you know, is it physically possible for you to biologically father a child now or in the future?

- Yes
- No

**Do not read:**

- I don't know
- I prefer not to answer

67. Have you ever had a vasectomy or any other operation that makes it impossible for you to father a child?

- Yes
- No

**Do not read:**

- I don't know
- I prefer not to answer

68. Were you ever told that you had any of the following male infertility problems? **Please tell me all that apply.**

- Low sperm count or no sperm
- Varicocele or varicose vein formation in scrotum.
- Genetic disorder that alters sperm production
- Low testosterone level

Other, specify: \_\_\_\_\_

- None of the above

**Do not read:**

- I don't know
- I prefer not to answer

69. As far as you know, how many times have you ever made someone pregnant?

**Please include pregnancies that ended in live birth, pregnancies that ended in miscarriage, stillbirth, or abortion, and pregnancies that are ongoing.**

- Number of times \_\_\_\_\_
- I have never made someone pregnant → **Go to question 74**

**Do not read:**

- I don't know → **Go to question 74**
- I prefer not to answer → **Go to question 74**

70. How many of these pregnancies ended with a live birth?

- Number of pregnancies \_\_\_\_\_

**Do not read:**

- I don't know
- I prefer not to answer

71. How many pregnancies ended in miscarriage? A miscarriage is a pregnancy that ends before 20 weeks gestation.

- Number of pregnancies ended in miscarriage \_\_\_\_\_

**Do not read:**

- I don't know
- I prefer not to answer

72. How many pregnancies ended in stillbirth? A stillbirth is the birth of an infant that was alive through the first 20 weeks of pregnancy but died before or during delivery.

- Number of pregnancies ended in stillbirth \_\_\_\_\_

**Do not read:**

- I don't know
- I prefer not to answer

73. Did you and your partner use any of the following for any pregnancy? **Please tell me all that apply.**

- None
- Hormone therapy or medications



- In-vitro fertilization (IVF)
- Pre-implantation diagnosis. (Genetic testing of the embryo before implantation following IVF)
- Artificial insemination with your sperm
- Artificial insemination with donor sperm
- Drugs to improve ovulation
- Surgery to correct blocked tubes
- Treatment for varicocele
- Other types of medical help, specify

**Do not read:**

- I don't know
- I prefer not to answer

74. Please tell us anything else about your experience with family planning or fathering children?

This is the end of the survey. Additional information on MD STARnet can be found at the following links:

<https://www.cdc.gov/ncbddd/musculardystrophy/research.html>

**AND**

<https://mdstarnet.org>  
If you have any que

XXXX>.

If you have questions about your rights as a research participant, please contact the **<grantee institution office of research>** at **<1 (XXX)XXX-XXXX>**.

Thank you for taking the time to answer our questions. Your answers will help us to better understand the lives of people with muscular dystrophy and can inform decision makers who plan services to support people with muscular dystrophy and their families.

**Space For Additional Notes:**

*INTERVIEWER: You can use this space to record additional notes for open-text responses. Please indicate the question number for all additional notes.*





