

Name:

FET cycle number:

1. Have you been vaccinated against COVID-19 ?

Yes or No

2. Have you been infected with COVID-19 ?

Yes or No

(Please continue to fill in if infected)

3. How did you diagnose COVID-19 ?

Nucleic acid testing

Antigen testing

Symptom-based diagnosis (combination with epidemiological history)

4. What were your symptoms when you were infected with COVID-19?

asymptomatic

fever, cough, phlegm, sore throat, runny nose, headache, dizziness, body aches,

chest tightness, weakness, shortness of breath

nausea, vomiting, abdominal pain, diarrhea, constipation

loss of smell and taste, loss of memory, irritability, anxiety, insomnia

5. How long did your symptoms disappear when you were infected with COVID-19?

1-3 days; 4-7 days; 2 weeks; 3 weeks; 4 weeks; more than 4 weeks

6. How long was it between your infection and the embryo transfer?

within 1 month; 1~ 2 months; 2~3 months; more than 3 months

7. Have your periods changed since COVID-19 ?

no change;

prolonged menstrual cycle;

shortened menstrual cycles;

decreased menstrual volume;

increased menstrual volume;

prolonged menstruation;

shorter menstrual periods