**Supplementary Data 1. Fertility and Pregnancy Outcome Survey**

1. Did you receive counseling about fertility **before** your surgery? (yes/no)

2. If “yes”, was the counseling performed by a gynecologic oncologist, infertility specialist, maternal-fetal medicine, or other? __________
   - a. If you chose “other”, what kind of physician counseled you? ________
   - b. Did you feel that the counseling was adequate? (yes/no)
   - c. Did counseling help you make a well informed decision? (yes/no)

3. Did you receive counseling about pregnancy or complications that may arise in pregnancy **before** your surgery? (yes/no). If “no”, proceed to question #6

4. If “yes”, was the counseling performed by a gynecologic oncologist, infertility specialist, maternal-fetal medicine, or other? __________
   - a. If you chose “other”, what kind of physician counseled you? ________
   - b. Did you feel that the counseling was adequate? (yes/no)
   - c. Did counseling help you make a well informed decision? (yes/no)

5. Was there any information that was left out or things you would have liked to know beforehand? ______________________________

6. How strong was your desire to become pregnant **before** your surgery? (1-10)
   - 1 – no desire/10 – strong desire, __________

7. How strong was your desire to become pregnant **6 months after** surgery? (1-10)
   - 1 – no desire/10 – strong desire, __________

8. How strong is your desire to become pregnant **now**? (1-10)
   - 1 – no desire/10 – strong desire, __________

9. How nervous/anxious were you about your fertility **before** surgery? (1-10)
   - 1 – no anxiety/10 - extremely anxious, __________

10. How nervous/anxious were you about your fertility **after** surgery? (1-10)
    - 1 – no anxiety/0 - extremely anxious, __________

11. Do you think your quality of life has decreased since receiving your surgery? (yes/no)
    - a. If yes: why? ______________________________
    - b. If no: why? ______________________________

12. Did you experience any complications from surgery that may have made it more difficult to become pregnant? (yes/no)
    - a. If “yes”, check all that apply
       - i. Cervical stenosis
       - ii. Cerclage complications
iii. Diminished ovarian reserve
iv. Poor wound healing
v. Thinning of uterine lining
vi. Lymphedema
vii. Other: _____________

13. Have you tried to become pregnant since your surgery? (yes/no)
   a. If “yes”, what date did you start trying to conceive? _________
      i. How many total months have you been trying to conceive? ______
   b. If “no”, why haven’t you tried to become pregnant? Check all that apply
      i. Anxiety/nervous about recurrent cancer
      ii. Anxiety/nervous about pregnancy complications
      iii. Cost of fertility treatment (in-vitro fertilization – IVF)
      iv. Not ready for a pregnancy
      v. Thoughts of a miscarriage
      vi. Sexual problems/concerns
      vii. Lack of partner
      viii. Age
      ix. Other medical problems
      x. Other: _____________

14. Have you been pregnant before? (yes/no)
   a. Total number of pregnancies?
   b. Total number of living children?
   c. Number of prior miscarriages?
   d. Number of prior ectopic pregnancies?
   e. Total number of vaginal deliveries?
   f. Total number of cesarean deliveries?
   g. Any complications with any pregnancies? (yes/no)
      i. If “yes”, please provide details: _____________
   h. Did you have any deliveries before 37 weeks? (yes/no)
      i. If “yes”, please provide details: _____________

15. Have you been pregnant since your surgery? (yes/no). If “no”, go to ii
   i. If “yes”, answer questions 1-6
      1. Check all that apply below
         a. I am currently pregnant at ___ weeks gestation
         b. I delivered at ___ weeks (if ≥ 24 weeks)
         c. I miscarried at ___ weeks (if < 24 weeks)
      2. Circle all that apply below
a. I became pregnant without any help
b. I became pregnant by using IVF
c. I became pregnant by using oral medications to help me ovulate (Clomid/Letrozole)
d. I became pregnant using intrauterine insemination
e. I became pregnant using donor eggs
f. I had a baby using a gestational carrier

3. If you delivered ≥ 24 weeks, were there any complications with the delivery or your baby? If yes, describe:

4. If you delivered, how far along were you at the time of delivery?

5. If you delivered, did you have a cesarean or vaginal delivery?

6. Did you attempt another pregnancy? (yes/no)
   a. If “yes”, was it successful? (yes/no)
   b. If you delivered ≥ 24 weeks, were there any complications with the delivery or your baby? If yes, describe:

ii. If “no”,
   1. Have you tried any form or want to try assisted reproduction? check all that apply
      a. None
      b. Clomid or other medications for cycle regulation
      c. Intrauterine insemination
      d. IVF
      e. Donor egg

16. Given the information you know post surgery and the experiences you had, would you have chosen the same type of surgery (trachelectomy) or would you have chosen a complete hysterectomy? (yes/no)
   a. If yes, why? ________________
   b. If no, why? ________________