


Yes, you have used fertility services., Yes, [HOUSEHOLD PARTNER] has used fertility services in the time that you have been together.

 No, Yes, you have used fertility services., Yes, [HOUSEHOLD PARTNER] has used fertility services in the time that you have been together.

1	No
2	Yes, you have used fertility services.
3	Yes, [HOUSEHOLD PARTNER] has used fertility services in the time that you have been together.
4	Yes, you have used fertility services in the past and [HOUSEHOLD PARTNER] have used fertility services in the time that you have been together.