

Delaware SURVEY OF WOMEN



Who should answer this survey?

Please have a female in your household age 18-44 complete this survey.

SURVEY INSTRUCTIONS

Please mark your response with an “X” using blue or black ink, as in the examples below.

Examples:

<p>Right Way</p> <p><input checked="" type="checkbox"/> 9 8 9 9</p>	<p>Wrong Way</p> <p><input type="checkbox"/> 9 8 9 9</p>
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The questions we'll ask have to do with your opinions and knowledge on a variety of important topics. Some topics may be sensitive for you, and you can decline to answer any question. You will be able to skip any of the questions to indicate 'Don't know' or 'Prefer not to answer'.

START HERE

Your address was selected at random to participate in a study conducted by NORC at the University of Chicago. The information collected is used by policy makers, scientific researchers, and government officials to better understand women's health and better meet their changing needs.

This survey is completely confidential and your answers will not be disclosed to third parties. The information you provide will be used by the NORC research team for statistical purposes only. The data you provide will be stored in secure NORC computers with password protections and only authorized NORC personnel will have access to the data. The data will be retained for 3-5 years following the survey for statistical analysis and reporting. The survey takes about 15-20 minutes to complete. Participation is voluntary and you will be able to skip any of the questions.

Your opinions are very important to us,
and we appreciate your help.

If you encounter any difficulties during the survey, please call us toll free at

1-866-643-6672

or send an email to

womenshealth@norc.org

BIRTH CONTROL METHODS

The following are just a few of the birth control methods that will be mentioned in the survey. Please refer back to this page if you are unsure what a certain birth control method is.



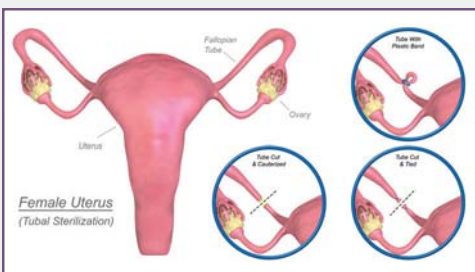
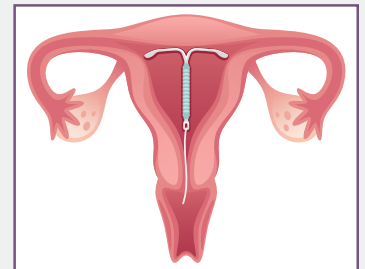
Birth control patch (Evra® or other)

Implant (Implanon® or Nexplanon®) The birth control implant is called Nexplanon (the older version was called Implanon). The implant is a single rod that is inserted inside a woman's arm. The implant contains a small amount of hormones that are slowly released to prevent a woman from getting pregnant. The implant is effective for up to 3 years.



Depo-Provera® (also called "the shot")

IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®) An IUD (IUD stands for "intra-uterine device") is a birth control device that is inserted inside a woman's uterus. Some IUDs such as Mirena, Liletta, and Skyla contain a small amount of hormones which are released slowly over many years (3-5 years depending on the IUD) and prevent a woman from getting pregnant. The Paragard IUD is made of copper, it doesn't contain any hormones, and can prevent a woman from getting pregnant for up to 10 years.



Female sterilizing operation such as tubal sterilization (also called "getting your tubes tied" or having a "tubal ligation"). Some women become sterilized by having a small coil inserted inside her fallopian tubes; this method is called "Essure®".

Natural family planning methods (also called calendar/rhythm method, cycle beads, basal body temperature)

Natural family planning methods include behaviors or strategies that women and their partners use to prevent pregnancy without medication. Some natural family planning methods include the "Calendar method" or the "rhythm method" which mean that couples do not have penile-vaginal sex during the time that a woman is most likely to get pregnant (women are most fertile, or most likely to get pregnant half-way between the menstrual cycle). Women may also use cycle beads to help her keep track of when she is most likely to get pregnant. Every bead represents a day of the month and she should not have sex during the days that are represented by the white beads. Finally, some women using natural family planning methods rely on the basal body temperature method. This method requires women to track her temperature and her cervical fluid every day. There is a point in the month during which her temperature and cervical fluid changes and that signals the time that she is most likely to get pregnant and therefore she should avoid having sex.

SECTION A. SCREENER

1 What is your age (in years)?

years

¹ Under 18 or over 44 years of age



***If no one in your household is a female age 18-44 years old, please check the box, stop here and return this survey to us in the enclosed envelope.
It is important that we receive a response from every household selected for this study.***

2 What is your sex?

¹ Female

² Male



***If no one in your household is a female age 18-44 years old, please check the box, stop here and return this survey to us in the enclosed envelope.
It is important that we receive a response from every household selected for this study.***

SECTION B. GENERAL HEALTH

3 Would you say that in general your health is....?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 Prefer not to answer

4 In the past 12 months, was there any time when you needed health care for yourself, for any reason, but didn't get it?

- 1 Yes
- 2 No → Skip to Question 6
- 3 Prefer not to answer → Skip to Question 6

5 Why didn't you get health care for yourself?
Please check all that apply.

- 1 I couldn't afford it
- 2 I did not know where to go
- 3 It was too far away
- 4 I could not get there when it was open
- 5 I could not get an appointment soon enough
- 6 I did not have transportation
- 7 I didn't have time to go
- 8 I was worried that it wasn't covered under my insurance
- 9 Some other reason, please specify:

- 10 Prefer not to answer

SECTION C. PAST BIRTH CONTROL USE

Have you ever used any of these birth control methods, even if you have used the method only once?

6 Withdrawal (also called "the pull-out method")

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

7 Birth control pills

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

8 Birth control patch (Evra® or other)

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

9 Vaginal ring (Nuvaring® or other)

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

10 Depo-Provera® (also called "the shot")

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

Have you ever used any of these birth control methods, even if you have used the method only once?

11 IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®)

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

→ **If no**, what is the primary reason you have never used an IUD?

- 1 The cost is too high
- 2 I am not familiar with this birth control method
- 3 Due to my beliefs (religious or otherwise)
- 4 To avoid negative side effects
- 5 I am not comfortable requesting an IUD from my doctor
- 6 I am concerned about the procedure for inserting or removing the IUD
- 7 My provider did not discuss IUDs with me
- 8 I prefer to use a different method
- 9 I don't want an object in my body
- 10 Other, please specify:

- 11 Prefer not to answer

→ **If yes**, what IUD have you used?
Please check all that apply.

- 1 Liletta® (hormonal IUD used for up to 3 years)
- 2 Mirena® (hormonal IUD used for up to 5 years)
- 3 Skyla® (hormonal IUD used for up to 3 years)
- 4 Paragard® (non-hormonal IUD used for up to 10 years, also called the "copper IUD")
- 5 Kyleena® (hormonal IUD used for up to 5 years)
- 6 Don't Know
- 7 Prefer not to answer

→ **If yes**, did you ever have any trouble with the IUD once it was inserted? For example, did it ever fall out?

- 1 Yes, please specify difficulty:

- 2 No
- 3 Prefer not to answer

12 Implant (Implanon® or Nexplanon®)

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

→ **If no**, what is the primary reason you have never used an implant?

- 1 The cost is too high
- 2 I am not familiar with this birth control method
- 3 Due to my beliefs (religious or otherwise)
- 4 To avoid negative side effects
- 5 I am not comfortable requesting an implant from my doctor
- 6 I am concerned about the procedure for inserting or removing the implant
- 7 My provider did not discuss implants with me
- 8 I prefer to use a different method
- 9 I don't want an object in my body
- 10 Other, please specify:

- 11 Prefer not to answer

Have you ever used any of these birth control methods, even if you have used the method only once?

13 Male condoms

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

14 Barrier methods (diaphragm, sponge, cervical cap, female condom)

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

15 Natural family planning methods (also called calendar/rhythm method, cycle beads, basal body temperature).

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

16 Emergency contraception (morning after pill, also known as "Plan B" or Ella®)

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

17 Partner's vasectomy (also known as male sterilization)

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

18 Female sterilizing operation such as tubal sterilization (also called "getting your tubes tied" or having a "tubal ligation"). Some women become sterilized by having a small coil inserted inside her fallopian tubes; this method is called "Essure®".

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

19 Any other method not mentioned previously?

- 1 Yes, please specify:

- 2 No
- 3 Don't Know
- 4 Prefer not to answer

If you have never used a birth control method, please skip to Question 22. Otherwise please continue with Question 20.

20 Did you ever stop using a method because you were not satisfied with it or just didn't like it? Do not count stopping a method for reasons other than dissatisfaction, for example, stopped to get pregnant or because you were not having sex with a man.

- 1 Yes
- 2 No → Skip to Question 22
- 3 Prefer not to answer → Skip to Question 22

21 What method or methods did you stop because you were not satisfied? Check all that apply.

- 1 Birth control pills
- 2 Withdrawal (also called "the pull-out method")
- 3 IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®)
- 4 Implant (Implanon® or Nexplanon®)
- 5 Vaginal ring (Nuvaring® or other)
- 6 Depo-Provera® (also called "the shot")
- 7 Birth control patch (Evra® or other)
- 8 Male condoms
- 9 Natural family planning methods (also called calendar/rhythm method, cycle beads, basal body temperature)
- 10 Barrier methods (diaphragm, sponge, cervical cap, female condom)
- 11 Prefer not to answer

22 In the past 12 months, have you needed a birth control method, but couldn't afford it?

- 1 Yes
- 2 No
- 3 Prefer not to answer

23 In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason?

- 1 Yes
- 2 No → Skip to Question 25
- 3 Prefer not to answer → Skip to Question 25

24 Why did you delay or have trouble getting the birth control method that you wanted? Please check all that apply.

- 1 I couldn't afford it.
- 2 I couldn't get through to a doctor, clinic, or pharmacy on the telephone.
- 3 I couldn't get an appointment with a doctor, clinic, or pharmacy soon enough.
- 4 The doctor, clinic, or pharmacy wasn't open when I could get there.
- 5 Once I got to the doctor, clinic, or pharmacy the wait was too long to see someone.
- 6 I didn't have transportation or a ride to the clinic/pharmacy.
- 7 I was treated unfairly.
- 8 Other, please specify:

- 9 Prefer not to answer

→ How were you treated unfairly? I was treated unfairly... Please check all that apply.

- 1 Because of my race/ethnicity
- 2 Because English is not my first language
- 3 Because of my sexual orientation
- 4 Because of my sexual activity or lifestyle
- 5 Some other reason
- 6 Prefer not to answer

SECTION D. SOURCES OF MEDICAL CARE INFORMATION

25 In the past 12 months, have you received any medical care?

- 1 Yes
- 2 No → Skip to Question 27
- 3 Prefer not to answer → Skip to Question 27

26

In the past 12 months, have you been to any of these places to get care for yourself?

- | | Yes | No | Don't Know | Prefer not to answer |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Westside Family Healthcare | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. Delaware State University Health Clinic | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. La Red Health Center | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. Children and Families First (also called ARC) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. Planned Parenthood of Delaware | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. Henrietta Johnson Medical Center | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| g. Family Wellness Center/Delaware Families First | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| h. Delaware State University Student Health Services | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| i. A school based health clinic | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| j. Edward W. Pyle State Service Center | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| k. Thurman Adams State Service Center (formerly the Georgetown State Service Center) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| l. Milford Riverwalk State Service Center | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| m. Anna C. Shipley State Service Center | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

27

In the past 3 months, have you received any information about birth control methods from any of the following places?

- | | Yes | No | Don't Know | Prefer not to answer |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a. A friend or family member | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. Twitter, Facebook, or Snapchat | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. Other social media, online advertisements, Google, or other internet sources | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. Posters, signs, or billboards | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. TV or Radio | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. Ads or campaigns in the community, such as at bars, restaurants, or other local events | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| g. Print ads, such as in magazines, newspapers, and brochures | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| h. A nurse, doctor, or other healthcare provider | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| i. Social worker or community health worker | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| j. Any other place, please specify any other place(s): | | | | |
| <input type="text"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

If you answered No to all items in Question 27, please skip to Question 29. Otherwise, continue to Question 28.

28

What types of information have you learned from these sources? Please check all that apply.

- 1 Where you can go to get birth control methods
- 2 How much different birth control methods cost
- 3 What types of birth control methods are the most effective at preventing pregnancy
- 4 Information about a particular birth control method, such as how it is placed or how it works
- 5 Other information, please specify:
-
- 6 Prefer not to answer

29

Do you know how YOU can get any of the following birth control methods for free? (By FREE we mean you don't have to pay anything out-of-pocket.)

- | | Yes | No | Prefer not to answer |
|--|----------------------------|----------------------------|----------------------------|
| a. Male condoms | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| c. Implant (Nexplanon®) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| d. Depo-Provera® (also called "the shot") | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| e. Birth control pills | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| f. NuvaRing® (vaginal birth control ring) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| g. Other method, please specify: | | | |
| <input type="text"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

30

True or False. You can start any method of birth control that you want during one office visit to a clinic.

- 1 True
- 2 False
- 3 It depends on the type of birth control method
- 4 Don't Know
- 5 Prefer not to answer

31a

On the following list of health experiences, how many of these have you personally experienced? You don't need to say which ones, just how many.

- Ever used or taken medication for which a prescription is needed
- Ever had a pap smear
- Diagnosed with breast cancer in the past 10 years

- Enter number between 0-3
- 1 Don't Know
- 2 Prefer not to answer

31b On this next list of health experiences, how many of these have you personally experienced? You don't need to say which ones, just how many.

- Ever used a birth control method (such as: pills, an IUD or implant, condoms, or the shot)
- Ever had an abortion (ended a pregnancy on purpose)
- Had a tubal or ectopic pregnancy in the past year
- Ever had your blood pressure measured

Enter number between 0-4

- 1 Don't Know
- 2 Prefer not to answer

33 Based on what you know or have heard, how safe or unsafe do you think abortion is in your state?

- 1 Very safe
- 2 Somewhat safe
- 3 Neither safe nor dangerous
- 4 Somewhat dangerous
- 5 Very dangerous
- 6 It depends on the situation
- 7 Don't Know
- 8 Prefer not to answer

34 Based on what you know or have heard, how likely is it that a woman will regret having an abortion?

- 1 Very likely
- 2 Somewhat likely
- 3 Neither likely nor unlikely
- 4 Somewhat unlikely
- 5 Very unlikely
- 6 It depends on the situation
- 7 Don't Know
- 8 Prefer not to answer

SECTION E. PUBLIC POLICY OPINIONS

In the following section, we'd like to ask your opinions about abortion. To be sure that everyone has the same understanding, you should know that abortion in the U.S. is legal in all 50 states and is regulated by the medical community to ensure safety. Please consider your own thoughts, opinions, and experiences when answering the following questions.

32 Based on what you know or have heard, how easy is it for a woman to obtain an abortion in your state?

- 1 Very easy
- 2 Somewhat easy
- 3 Neither easy nor difficult
- 4 Somewhat difficult
- 5 Very difficult
- 6 It depends on the situation
- 7 Don't Know
- 8 Prefer not to answer

35 To what extent do you agree or disagree with the following statements:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer not to answer
a. A range of safe, effective, and affordable methods of abortion care should be available to women in their community	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. A woman should not fear being arrested or going to jail for having an abortion (terminating a pregnancy)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

36 How favorably or unfavorably do you view doctors who provide abortion?

- 1 Very favorably
- 2 Somewhat favorably
- 3 Neither favorably nor unfavorably
- 4 Somewhat unfavorably
- 5 Very unfavorably
- 6 It depends on the situation
- 7 Prefer not to answer

37 Which comes closest to your own view on abortion?

- 1 Having an abortion is acceptable
- 2 I am against abortion for myself, but I don't believe government should prevent a woman from making that decision for herself
- 3 Having an abortion is wrong
- 4 Prefer not to answer

38 Do you identify as....?

- 1 Pro-Choice
- 2 Pro-Life
- 3 Neither
- 4 Both
- 5 Prefer not to answer

SECTION F. DEMOGRAPHICS

Now we would like to ask you a few questions about your background.

39 What is the highest degree or level of school you have completed?

- 1 No schooling completed
- 2 Nursery school
- 3 Kindergarten
- 4 Grade 1 through 11
 Specify grade
- 5 12th grade - no diploma
- 6 Regular high school diploma
- 7 GED or alternative credential
- 8 Some college credit, but less than 1 year of college credit
- 9 1 or more years of college credit, no degree
- 10 Associate's degree (for example: AA, AS)
- 11 Bachelor's degree (for example: BA, BS)
- 12 Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- 13 Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
- 14 Doctorate degree (for example: PhD, EdD)
- 15 Prefer not to answer

40 Where were you born?

- 1 United States
(including its territories: Puerto Rico, Guam, etc.)
- 2 Outside of the United States
- 3 Prefer not to answer

41 Are you of Hispanic, Latina, or Spanish origin?

- 1 Yes
- 2 No
- 3 Prefer not to answer

42 Which one or more of the following would you say is your race?

- 1 Black or African American
- 2 White
- 3 Asian or Asian American
- 4 Native American, Alaska Native, or American Indian
- 5 Native Hawaiian or Pacific Islander
- 6 Other, please describe:
- 7 Prefer not to answer

43 What is your current marital status?

- 1 Now married → Skip to Question 45
- 2 Widowed
- 3 Divorced
- 4 Separated
- 5 Never married
- 6 Prefer not to answer

44 Do you currently live with a romantic partner?

- 1 Yes
- 2 No
- 3 Prefer not to answer

45 Which of the following best represents how you think about yourself?

- 1 Lesbian or Gay
- 2 Straight, that is, not lesbian or gay
- 3 Bisexual
- 4 Something else
- 5 Don't Know
- 6 Prefer not to answer

46 How do you describe yourself?

- 1 Female
- 2 Male
- 3 Transgender
- 4 Do not identify as female, male, or transgender
- 5 Don't Know
- 6 Prefer not to answer

47 At any time IN THE LAST 3 MONTHS, have you attended school or college? Include only schooling which leads to a high school diploma, or a college, graduate, or professional degree.

- 1 Yes
- 2 No
- 3 Prefer not to answer

48 Are you currently...?

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for 1 year or more
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 Retired
- 7 Unable to work
- 8 Prefer not to answer

49 In studies like this, people are often grouped according to the income shared by an entire household. Thinking about your household's income from all sources in 2015, what was the approximate income earned by everyone, *before taxes*? *Your best estimate is fine.*

\$

- 1 Don't Know
- 2 Prefer not to answer

→ If Don't Know or Prefer not to answer, how about if I give you some categories? Would you say your household's income in 2015 was...

- 1 Less than \$10,000
- 2 \$10,000 to less than \$15,000
- 3 \$15,000 to less than \$20,000
- 4 \$20,000 to less than \$25,000
- 5 \$25,000 to less than \$35,000
- 6 \$35,000 to less than \$50,000
- 7 \$50,000 to less than \$75,000
- 8 \$75,000 or more
- 9 Don't Know
- 10 Prefer not to answer

50 Now, please consider just yourself. During the past 12 MONTHS, did YOU receive any income from wages, salary, commissions, bonuses, or tips?

- 1 Yes
- 2 No → Skip to Question 52
- 3 Prefer not to answer → Skip to Question 52

51 What was the total amount of income YOU received for the PAST 12 MONTHS? Please report the amount you earned before taxes were taken out. Your best estimate is fine.

\$

- 1 Don't Know
- 2 Prefer not to answer

52 During the PAST 12 MONTHS, how many hours did you usually work each WEEK?

Hours per week

- 1 Don't Know
- 2 Prefer not to answer

53 Currently, how important is religion in your daily life? Would you say it is very important, somewhat important, or not important?

- 1 Very important
- 2 Somewhat important
- 3 Not important
- 4 Don't Know
- 5 Prefer not to answer

54 About how often do you attend religious services?

- 1 More than once a week
- 2 Once a week
- 3 2-3 times a month
- 4 Once a month (about 12 times a year)
- 5 3-11 times a year
- 6 Once or twice a year
- 7 Never → Skip to Question 56
- 8 Prefer not to answer → Skip to Question 56

55 Please specify your religious preference (e.g., Catholic, Protestant, Muslim).

- 1 Prefer not to answer

56 In the next set of questions, we'd like to ask about your current living situation. Is the house, apartment, or mobile home that you're living in...

- 1 Owned by you or someone in this household with a mortgage or loan. *Include home equity loans.*
- 2 Owned by you or someone in this household free and clear (without a mortgage or loan)
- 3 Rented
- 4 Occupied without payment of rent
- 5 Don't Know
- 6 Prefer not to answer

57 Including you, how many people have been living or staying at this address for more than 2 months?

- Number of people
- 1 Don't Know
 - 2 Prefer not to answer

58 How many children less than 18 years of age live in your household?

- Number of children
- 1 Don't Know
 - 2 Prefer not to answer

59 Did you live in this house or apartment 1 year ago?

- 1 Yes → Skip to Question 61
- 2 No, I lived in a different house or apartment in Delaware
- 3 No, I lived in a different house or apartment in another state
- 4 No, I lived in a different house or apartment outside of the United States
- 5 Prefer not to answer

60 Have you been living or staying at your current address for more than 2 months?

- 1 Yes
- 2 No
- 3 Prefer not to answer

SECTION G. REPRODUCTIVE HEALTH

In the next section, we'd like to learn more about your reproductive health.

61 Have you had a tubal ligation ("tubes tied") or another operation that makes you unable to get pregnant?

- 1 Yes → Skip to Question 95
 2 No
 3 Prefer not to answer

62 Have you ever been diagnosed as infertile?

- 1 Yes → This is the end of the survey. Go to page 19.
 2 No
 3 Prefer not to answer

63 Are you currently pregnant?

- 1 Yes → Skip to Question 92
 2 No
 3 Prefer not to answer

64 Are you currently trying to get pregnant?

- 1 Yes → Skip to Question 92
 2 No
 3 Prefer not to answer

68 Are you currently covered by any of the following types of health insurance?

- | | Yes | No | Don't Know | Prefer not to answer |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Insurance through current or former employer or union (by you or another family member). This would include COBRA coverage | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by you or another family member). This would include coverage purchased through an exchange or marketplace, such as Healthcare.gov | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. Medicare, for people 65 and older or people with certain disabilities | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP) or any kind of state or government-sponsored assistance plan based on income or a disability. You may know this type of coverage as Diamond State Health. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. TRICARE or other military health care, including VA health care. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. Indian Health Service | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| g. Any other type of health insurance or health coverage plan. Specify:
<input type="text"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

65 Do you have one or more people you think of as your personal doctor or health care provider?

- 1 Yes
 2 No
 3 Prefer not to answer

66 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

- 1 Within the past year (anytime less than 12 months ago)
 2 Within the past 2 years (1 year but less than 2 years ago)
 3 Within the past 5 years (2 years but less than 5 years ago)
 4 5 or more years ago
 5 Never
 6 Don't Know
 7 Prefer not to answer

67 In the past 12 months, have you received from a doctor or other medical care provider:

- | | Yes | No | Don't Know | Prefer not to answer |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a. A method of birth control or a prescription for a birth control method | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. A check-up or medical test related to using birth control method | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. Counseling or information about birth control | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. A doctor, nurse, or other health care provider asked you if you want to become pregnant in the next year | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

SECTION H. CURRENT BIRTH CONTROL USE

69 Are you currently using any method or methods of birth control?

- 1 Yes → Skip to Question 71
2 No
3 Prefer not to answer → Skip to Question 71

70 What are your reasons for not using any method of birth control? Please check all that apply.

- 1 I'm not currently having sex with a male
2 I just don't think about it
3 I don't mind if I get pregnant
4 I want to get pregnant
5 I don't want to use a birth control method
6 My partner doesn't want to use a birth control method
7 I don't think I can get pregnant
8 I stopped using birth control methods due to side effects
9 I'm currently breastfeeding
10 I had a problem getting birth control when I needed it
11 I couldn't pay for birth control
12 I think my partner is sterile and cannot impregnate me
13 I think that I might be infertile or it might be impossible for me to get pregnant
14 Religious reasons
15 I recently stopped using my birth control method and haven't started it again
16 I just had a baby
17 Other, please describe:

18 Prefer not to answer

If you are not currently using any method or methods of birth control, please skip to Question 85. Otherwise, continue to Question 71.

What kind(s) of birth control method(s) are you currently using? Please check all that apply.

71 Withdrawal (also called "the pull-out method")

- 1 Yes
2 No
3 Prefer not to answer
→ If yes, did you use this method the last time you had sex with a male?
1 Yes
2 No
3 Don't Know
4 Prefer not to answer

72 Birth control pills

- 1 Yes
2 No
3 Prefer not to answer
→ If yes, did you use this method the last time you had sex with a male?
1 Yes
2 No
3 Don't Know
4 Prefer not to answer

73 Birth control patch (Evra® or other)

- 1 Yes
2 No
3 Prefer not to answer
→ If yes, did you use this method the last time you had sex with a male?
1 Yes
2 No
3 Don't Know
4 Prefer not to answer

What kind(s) of birth control method(s) are you currently using? Please check all that apply.

74 Vaginal ring (Nuvaring® or other)

- 1 Yes
2 No
3 Prefer not to answer
→ If yes, did you use this method the last time you had sex with a male?
1 Yes
2 No
3 Don't Know
4 Prefer not to answer

75 Depo-Provera® (also called "the shot")

- 1 Yes
2 No
3 Prefer not to answer
→ If yes, did you use this method the last time you had sex with a male?
1 Yes
2 No
3 Don't Know
4 Prefer not to answer

76 IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®)

- 1 Yes
- 2 No
- 3 Prefer not to answer

→ **If yes**, what IUD are you currently using?

- 1 Mirena®
- 2 Paragard®
- 3 Skyla®
- 4 Liletta®
- 5 Kyleena®
- 6 Prefer not to answer

→ **If yes**, did you use this method the last time you had sex with a male?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

77 Implant (Implanon® or Nexplanon®)

- 1 Yes
- 2 No
- 3 Prefer not to answer

→ **If yes**, did you use this method the last time you had sex with a male?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

78 Male condoms

- 1 Yes
- 2 No
- 3 Prefer not to answer

→ **If yes**, did you use this method the last time you had sex with a male?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

79 Barrier methods (diaphragm, sponge, cervical cap, female condom)

- 1 Yes
- 2 No
- 3 Prefer not to answer

→ **If yes**, did you use this method the last time you had sex with a male?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

What kind(s) of birth control method(s) are you currently using? *Please check all that apply.*

80 Natural family planning methods (also called calendar/rhythm method, cycle beads, basal body temperature)

- 1 Yes
- 2 No
- 3 Prefer not to answer

→ **If yes**, did you use this method the last time you had sex with a male?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

81 Emergency contraception (morning after pill, also known as "Plan B" or Ella®)

- 1 Yes
- 2 No
- 3 Prefer not to answer

→ **If yes**, did you use this method the last time you had sex with a male?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

82 Partner's vasectomy (also known as male sterilization)

- 1 Yes
- 2 No
- 3 Prefer not to answer

→ **If yes**, did you use this method the last time you had sex with a male?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

83 Other method

1 Yes, please specify the other method:

- 2 No
- 3 Prefer not to answer

→ **If yes**, did you use this method the last time you had sex with a male?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

84 In the past 12 months, have you used any of the following forms of emergency contraception (contraception that you used after you had sex)?

- | | Yes | No | Prefer not to answer |
|---|----------------------------|----------------------------|----------------------------|
| a. I used Plan B One-Step® (or a generic like Next Choice® or My Way®) and I got it over-the-counter | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| b. I used Plan B One-Step® (or a generic like Next Choice® or My Way®) and I got it with a prescription | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| c. I used Ella® (prescription-only emergency contraception) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| d. I had an IUD placed for emergency contraception (after unprotected sex) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

85 Thinking about the past 3 months, about how often did you have sex with a male? *By sex, we mean a penis was inserted in your vagina.*

- 1 About once a week or more
- 2 A few times a month
- 3 About once a month
- 4 Less than once a month
- 5 I did not have sex with a male in the past 3 months
- 6 Don't Know
- 7 Prefer not to answer

If you are not currently taking a birth control method, please skip to Question 92.

86 Do you use your health insurance to help pay for your birth control method?

- 1 Yes
- 2 No, I chose not to use my health insurance to pay for my birth control even though my insurance covers it
- 3 No, my health insurance plan does not cover my birth control method
- 4 N/A, I'm not using a prescription method of birth control
- 5 N/A, I don't have health insurance
- 6 Prefer not to answer

87 How satisfied are you with your birth control method?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied
- 6 Prefer not to answer

88 How confident are you that you have been using your method of birth control correctly for the past 3 months?

- 1 Completely confident
- 2 Somewhat confident
- 3 Neither confident nor not confident
- 4 Somewhat not confident
- 5 Not at all confident
- 6 Prefer not to answer

89 Switching your current birth control method and using another method of birth control in the next 3 months is:

- 1 Very likely
- 2 Somewhat likely
- 3 Neither likely nor unlikely
- 4 Somewhat unlikely
- 5 Very unlikely
- 6 Prefer not to answer

90 Your use of your birth control method in the past 3 months was:

- 1 Completely under your control
- 2 Somewhat under your control
- 3 Neither under your control nor out of your control
- 4 Somewhat out of your control
- 5 Not at all under your control
- 6 Prefer not to answer

91 How many of your friends will use a birth control method in the next 3 months?

- 1 Almost all of them
- 2 Most of them
- 3 About half of them
- 4 Less than half of them
- 5 Almost none of them
- 6 Don't Know
- 7 Prefer not to answer

92 How do you feel about having a child now or sometime in the future?

- 1 I don't want to have one
- 2 I do want to have one, less than 12 months from now
- 3 I do want to have one, between 12 months and less than 2 years from now
- 4 I do want to have one, between 2 years to less than 5 years from now
- 5 I do want to have one, five or more years from now
- 6 I do want to have one, but I'm not sure when
- 7 Don't Know
- 8 Prefer not to answer

93 Please think about how you CURRENTLY feel about the following statements:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not Applicable	Prefer not to answer
a. It doesn't matter whether you use birth control or not, when it is your time to get pregnant, it will happen	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
b. Having a baby in the next year could mess up my life	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
c. Getting pregnant would bring me and my partner closer together	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
d. Even though I'm not trying to get pregnant, I would be happy if it happened	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
e. If I got pregnant in the next year, I would consider having an abortion	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
f. Getting pregnant would make my partner happy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
g. Every pregnancy is a blessing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
h. If I got pregnant in the next year, I would be excited	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

94 How important is it to you to AVOID becoming pregnant now?

- 1 Very important
- 2 Somewhat important
- 3 Neither important nor unimportant
- 4 Somewhat unimportant
- 5 Not at all important
- 6 Prefer not to answer

98 How many babies did you have that were born alive?

number of babies
 1 Prefer not to answer

99 How many times have you had a miscarriage (lost a pregnancy by accident)?

number of miscarriages
 1 Don't Know
 2 Prefer not to answer

SECTION I. PAST PREGNANCIES

95 In your lifetime, have you ever been pregnant?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

If you have never been pregnant, this is the end of the survey. Please go to page 19. Thank you.

100 Have you given birth in the past 12 months?

- 1 Yes
- 2 No
- 3 Prefer not to answer

If you have not given birth in the past 12 months, this is the end of the survey. Please go to page 19. Thank you.

96 In your lifetime, how many times have you been pregnant (whether those pregnancies resulted in babies born alive, stillbirth, abortion, miscarriage, or ectopic or tubal pregnancy)?

number of pregnancies
 1 Don't Know
 2 Prefer not to answer

101 Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant?

- 1 I wanted to be pregnant later
- 2 I wanted to be pregnant sooner
- 3 I wanted to be pregnant then
- 4 I didn't want to be pregnant then or at any time in the future
- 5 I wasn't sure what I wanted
- 6 Prefer not to answer

97 Have you ever gotten pregnant when you were not planning or wanting to become pregnant (please include pregnancies that ended in miscarriage or abortion, in addition to births)?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

102 When you got pregnant with your new baby, were you trying to get pregnant?

- 1 Yes → Skip to Question 105
- 2 No
- 3 Prefer not to answer

103 When you got pregnant with your new baby, were you or your partner doing anything to keep from getting pregnant?

- 1 Yes → Skip to Question 105
- 2 No
- 3 Prefer not to answer → Skip to Question 105

104 What were the reasons you or your partner were not doing anything to keep from getting pregnant? Please check all that apply.

- 1 I didn't mind if I got pregnant
- 2 I thought I could not get pregnant at that time
- 3 I had side effects from the birth control method I was using
- 4 I had problems getting birth control when I needed it
- 5 I thought my partner or I was sterile (could not get pregnant at all)
- 6 My partner didn't want to use anything
- 7 I forgot to use a birth control method
- 8 Other reason, please specify:
- 9 Prefer not to answer

105 During the 12 months before your new baby was born, did your partner say he/she didn't want you to get pregnant?

- 1 Yes
- 2 No
- 3 Prefer not to answer

106 How did you feel when you found out you were pregnant with your new baby? Were you...

- 1 Very unhappy to be pregnant
- 2 Unhappy to be pregnant
- 3 Neither happy nor unhappy
- 4 Happy to be pregnant
- 5 Very happy to be pregnant
- 6 Prefer not to answer

107 During the year in which you were pregnant with and gave birth to your new baby, were you covered by health insurance from any of the following?

- 1 Insurance through current or former employer or union (by you or another family member)
- 2 Insurance purchased directly from an insurance company (by you or another family member)
- 3 Medicare (for people 65 and older or people with certain disabilities)
- 4 Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP) or any kind of state or government-sponsored assistance plan based on income or a disability
- 5 TRICARE or other military health care, including VA health care
- 6 Indian Health Service
- 7 Any other type of health insurance or health coverage plan, please specify:
- 8 I did not have health insurance during my pregnancy
- 9 Don't Know
- 10 Prefer not to answer

SECTION J. PRENATAL CARE

108 Did you have any prenatal care during this most recent pregnancy? *Prenatal care is given by a healthcare provider and includes a physical exam, weight checks, and providing a urine sample. Depending on the stage of the pregnancy, healthcare providers may also do blood tests and imaging tests, such as ultrasound exams. These visits also include discussions about the mother's health, the infant's health, and any questions about the pregnancy.*

- 1 Yes
- 2 No → Skip to Question 111
- 3 Prefer not to answer

109 During any of your prenatal care visits, did a doctor, nurse, or other healthcare provider talk with you about your plans and timing for having another baby?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

110 During any of your prenatal care visits, did a doctor, nurse, or other healthcare provider ask you if you want to become pregnant again within the next year?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

111 A preterm delivery is one that occurs at 36 weeks or earlier in the pregnancy. As far as you know, did you have a preterm delivery?

- 1 Yes
- 2 No
- 3 Prefer not to answer

112 When your baby was born, did she/he weigh 5 ½ pounds or more?

- 1 My baby weighed 5 ½ pounds or more
- 2 My baby weighed less than 5 ½ pounds
- 3 Prefer not to answer

113 Either before or after you gave birth, did a doctor, nurse, or other healthcare provider talk with you about postpartum contraception (or birth control methods that you could start using once your baby was born)?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

114 Did you start a new birth control method within 6 weeks after you gave birth?

- 1 Yes
- 2 No
- 3 Prefer not to answer

115 What birth control method did you start after giving birth? Please check all that apply.

- 1 Birth control pills
- 2 Withdrawal (also called "the pull-out method")
- 3 IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®)

→ If yes, what IUD did you use?

- 1 Liletta® (hormonal IUD used for up to 3 years)
- 2 Mirena® (hormonal IUD used for up to 5 years)
- 3 Skyla® (hormonal IUD used for up to 3 years)
- 4 Paragard® (non-hormonal IUD used for up to 10 years, also called the "copper IUD")
- 5 Kyleena® (hormonal IUD used for up to 5 years)
- 6 Don't Know
- 7 Prefer not to answer

→ If yes, have you had any trouble with the IUD since it was inserted? For example, did it ever need to be re-inserted?

1 Yes, please specify difficulty:

- 2 No
- 3 Don't Know
- 4 Prefer not to answer

- 4 Implant (Implanon® or Nexplanon®)
- 5 Vaginal ring (Nuvaring® or other)
- 6 Depo-Provera® (also called "the shot")
- 7 Birth control patch (Evra® or other)
- 8 Male condoms
- 9 Natural family planning methods (also called calendar/rhythm method, cycle beads, basal body temperature)
- 10 Barrier methods (diaphragm, sponge, cervical cap, female condom)
- 11 Other method, please specify:

12 I did not use any method of birth control
→ *This is the end of the survey.
Please go to page 19. Thank you.*

- 13 Don't Know
- 14 Prefer not to answer

116 Where did you receive this birth control method?

- 1 Before I left the hospital after giving birth
- 2 At my six-week check-up appointment with my OB/GYN who delivered my baby
- 3 At my six-week check-up appointment at a family planning clinic
- 4 Other, please describe:

- 5 Prefer not to answer

Thank You

Thank you very much for participating in this survey. The information you provided will be used to help improve women's health in your state. As part of an ongoing research study, you may be contacted in the future to participate in related studies. Please note that if you choose to participate in future studies, you will be compensated. However, you always have the right to refuse. For future contact purposes, please include your email and phone number below. If you do not want to be contacted, please check the box below.

Name: Phone:

Email:

I do not wish to be contacted

Other interested participants

If there are any women between 18-44 in your household who we could contact to participate in this study, please enter their information below. If there are no other women in the household between 18-44 or you do not wish to provide their information, please check the appropriate box below.

First woman name: Email:

Second woman name: Email:

I do not wish to provide their contact information

There are no other women age 18-44 in household

Incentive

If you were eligible and completed this survey, we will be sending you a \$10 Amazon gift code. Would you like us to mail or email the gift code to you?

Mail Email Both

If you selected for us to mail the gift code to you, please provide an updated address if the one we mailed to is incorrect.

Address 1:

Address 2:

City: State: Zip:

Email:

MAILING INSTRUCTIONS

Please place the completed questionnaire into the postage-paid return envelope.
If the envelope has been misplaced, please mail the questionnaire to:

NORC at the University of Chicago
55 E. Monroe Street, 19th Floor
Chicago, Illinois 60603

If you would like more information about the study, please call 1-866-643-6672 or send an email to womenshealth@norc.org. If you have questions about your rights as a survey participant, you may call the NORC Institutional Review Board Administrator (toll-free) at 1-866-309-0542.

If you have any comments about this survey or would like to share any other information about your experiences using birth control, please enter those in the box below.

Maryland SURVEY OF WOMEN



Who should answer this survey?

Please have a female in your household age 18-44 complete this survey.

[SUID]
Version A

SURVEY INSTRUCTIONS

Please mark your response with an "X" using blue or black ink, as in the examples below.

Examples:

Right Way	Wrong Way
<input checked="" type="checkbox"/> 9 8 9 9	<input type="checkbox"/> 9 8 9 9

The questions we'll ask have to do with your opinions and knowledge on a variety of important topics. Some topics may be sensitive for you, and you can decline to answer any question. You will be able to skip any of the questions to indicate 'Don't know' or 'Prefer not to answer'.

START HERE

Your address was selected at random to participate in a study conducted by NORC at the University of Chicago. The information collected is used by policy makers, scientific researchers, and government officials to better understand women's health and better meet their changing needs.

This survey is completely confidential and your answers will not be disclosed to third parties. The information you provide will be used by the NORC research team for statistical purposes only. The data you provide will be stored in secure NORC computers with password protections and only authorized NORC personnel will have access to the data. The data will be retained for 3-5 years following the survey for statistical analysis and reporting. The survey takes about 15-20 minutes to complete. Participation is voluntary and you will be able to skip any of the questions.

Your opinions are very important to us,
and we appreciate your help.

If you encounter any difficulties during the survey, please call us toll free at

1-866-643-6672

or send an email to

womenshealth@norc.org

BIRTH CONTROL METHODS

The following are just a few of the birth control methods that will be mentioned in the survey. Please refer back to this page if you are unsure what a certain birth control method is.



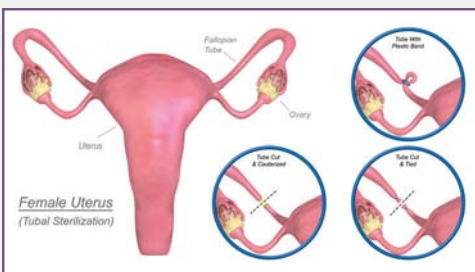
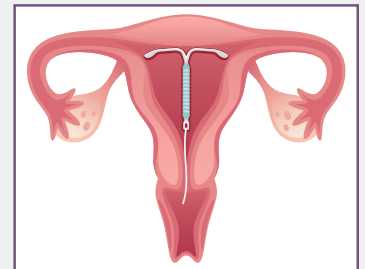
Birth control patch (Evra® or other)

Implant (Implanon® or Nexplanon®) The birth control implant is called Nexplanon (the older version was called Implanon). The implant is a single rod that is inserted inside a woman's arm. The implant contains a small amount of hormones that are slowly released to prevent a woman from getting pregnant. The implant is effective for up to 3 years.



Depo-Provera® (also called "the shot")

IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®) An IUD (IUD stands for "intra-uterine device") is a birth control device that is inserted inside a woman's uterus. Some IUDs such as Mirena, Liletta, and Skyla contain a small amount of hormones which are released slowly over many years (3-5 years depending on the IUD) and prevent a woman from getting pregnant. The Paragard IUD is made of copper, it doesn't contain any hormones, and can prevent a woman from getting pregnant for up to 10 years.



Female sterilizing operation such as tubal sterilization (also called "getting your tubes tied" or having a "tubal ligation"). Some women become sterilized by having a small coil inserted inside her fallopian tubes; this method is called "Essure®".

Natural family planning methods (also called calendar/rhythm method, cycle beads, basal body temperature)

Natural family planning methods include behaviors or strategies that women and their partners use to prevent pregnancy without medication. Some natural family planning methods include the "Calendar method" or the "rhythm method" which mean that couples do not have penile-vaginal sex during the time that a woman is most likely to get pregnant (women are most fertile, or most likely to get pregnant half-way between the menstrual cycle). Women may also use cycle beads to help her keep track of when she is most likely to get pregnant. Every bead represents a day of the month and she should not have sex during the days that are represented by the white beads. Finally, some women using natural family planning methods rely on the basal body temperature method. This method requires women to track her temperature and her cervical fluid every day. There is a point in the month during which her temperature and cervical fluid changes and that signals the time that she is most likely to get pregnant and therefore she should avoid having sex.

SECTION A. SCREENER

1 What is your age (in years)?

years

¹ Under 18 or over 44 years of age



***If no one in your household is a female age 18-44 years old, please check the box, stop here and return this survey to us in the enclosed envelope.
It is important that we receive a response from every household selected for this study.***

2 What is your sex?

¹ Female

² Male



***If no one in your household is a female age 18-44 years old, please check the box, stop here and return this survey to us in the enclosed envelope.
It is important that we receive a response from every household selected for this study.***

SECTION B. GENERAL HEALTH

3 Would you say that in general your health is....?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 Prefer not to answer

4 In the past 12 months, was there any time when you needed health care for yourself, for any reason, but didn't get it?

- 1 Yes
- 2 No → Skip to Question 6
- 3 Prefer not to answer → Skip to Question 6

5 Why didn't you get health care for yourself?
Please check all that apply.

- 1 I couldn't afford it
- 2 I did not know where to go
- 3 It was too far away
- 4 I could not get there when it was open
- 5 I could not get an appointment soon enough
- 6 I did not have transportation
- 7 I didn't have time to go
- 8 I was worried that it wasn't covered under my insurance
- 9 Some other reason, please specify:

- 10 Prefer not to answer

SECTION C. PAST BIRTH CONTROL USE

Have you ever used any of these birth control methods, even if you have used the method only once?

6 Withdrawal (also called "the pull-out method")

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

7 Birth control pills

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

8 Birth control patch (Evra® or other)

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

9 Vaginal ring (Nuvaring® or other)

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

10 Depo-Provera® (also called "the shot")

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

Have you ever used any of these birth control methods, even if you have used the method only once?

11 IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®)

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

→ If no, what is the primary reason you have never used an IUD?

- 1 The cost is too high
- 2 I am not familiar with this birth control method
- 3 Due to my beliefs (religious or otherwise)
- 4 To avoid negative side effects
- 5 I am not comfortable requesting an IUD from my doctor
- 6 I am concerned about the procedure for inserting or removing the IUD
- 7 My provider did not discuss IUDs with me
- 8 I prefer to use a different method
- 9 I don't want an object in my body
- 10 Other, please specify:

- 11 Prefer not to answer

→ If yes, what IUD have you used?
Please check all that apply.

- 1 Liletta® (hormonal IUD used for up to 3 years)
- 2 Mirena® (hormonal IUD used for up to 5 years)
- 3 Skyla® (hormonal IUD used for up to 3 years)
- 4 Paragard® (non-hormonal IUD used for up to 10 years, also called the "copper IUD")
- 5 Kyleena® (hormonal IUD used for up to 5 years)
- 6 Don't Know
- 7 Prefer not to answer

→ If yes, did you ever have any trouble with the IUD once it was inserted? For example, did it ever fall out?

- 1 Yes, please specify difficulty:

- 2 No
- 3 Prefer not to answer

12 Implant (Implanon® or Nexplanon®)

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

→ If no, what is the primary reason you have never used an implant?

- 1 The cost is too high
- 2 I am not familiar with this birth control method
- 3 Due to my beliefs (religious or otherwise)
- 4 To avoid negative side effects
- 5 I am not comfortable requesting an implant from my doctor
- 6 I am concerned about the procedure for inserting or removing the implant
- 7 My provider did not discuss implants with me
- 8 I prefer to use a different method
- 9 I don't want an object in my body
- 10 Other, please specify:

- 11 Prefer not to answer

Have you ever used any of these birth control methods, even if you have used the method only once?

13 Male condoms

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

14 Barrier methods (diaphragm, sponge, cervical cap, female condom)

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

15 Natural family planning methods (also called calendar/rhythm method, cycle beads, basal body temperature).

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

16 Emergency contraception (morning after pill, also known as "Plan B" or Ella®)

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

17 Partner's vasectomy (also known as male sterilization)

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

18 Female sterilizing operation such as tubal sterilization (also called "getting your tubes tied" or having a "tubal ligation"). Some women become sterilized by having a small coil inserted inside her fallopian tubes; this method is called "Essure®".

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

19 Any other method not mentioned previously?

- 1 Yes, please specify:

- 2 No
- 3 Don't Know
- 4 Prefer not to answer

If you have never used a birth control method, please skip to Question 22. Otherwise please continue with Question 20.

20 Did you ever stop using a method because you were not satisfied with it or just didn't like it? Do not count stopping a method for reasons other than dissatisfaction, for example, stopped to get pregnant or because you were not having sex with a man.

- 1 Yes
- 2 No → Skip to Question 22
- 3 Prefer not to answer → Skip to Question 22

21 What method or methods did you stop because you were not satisfied? Check all that apply.

- 1 Birth control pills
- 2 Withdrawal (also called "the pull-out method")
- 3 IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®)
- 4 Implant (Implanon® or Nexplanon®)
- 5 Vaginal ring (Nuvaring® or other)
- 6 Depo-Provera® (also called "the shot")
- 7 Birth control patch (Evra® or other)
- 8 Male condoms
- 9 Natural family planning methods (also called calendar/rhythm method, cycle beads, basal body temperature)
- 10 Barrier methods (diaphragm, sponge, cervical cap, female condom)
- 11 Prefer not to answer

22 In the past 12 months, have you needed a birth control method, but couldn't afford it?

- 1 Yes
- 2 No
- 3 Prefer not to answer

23 In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason?

- 1 Yes
- 2 No → Skip to Question 25
- 3 Prefer not to answer → Skip to Question 25

24 Why did you delay or have trouble getting the birth control method that you wanted? Please check all that apply.

- 1 I couldn't afford it.
- 2 I couldn't get through to a doctor, clinic, or pharmacy on the telephone.
- 3 I couldn't get an appointment with a doctor, clinic, or pharmacy soon enough.
- 4 The doctor, clinic, or pharmacy wasn't open when I could get there.
- 5 Once I got to the doctor, clinic, or pharmacy the wait was too long to see someone.
- 6 I didn't have transportation or a ride to the clinic/pharmacy.
- 7 I was treated unfairly.
- 8 Other, please specify:

- 9 Prefer not to answer

→ How were you treated unfairly? I was treated unfairly... Please check all that apply.

- 1 Because of my race/ethnicity
- 2 Because English is not my first language
- 3 Because of my sexual orientation
- 4 Because of my sexual activity or lifestyle
- 5 Some other reason
- 6 Prefer not to answer

SECTION D. SOURCES OF MEDICAL CARE INFORMATION

25 In the past 12 months, have you received any medical care?

- 1 Yes
- 2 No
- 3 Prefer not to answer

26 In the past **3 months**, have you received any information about birth control methods from any of the following places?

- | | Yes | No | Don't Know | Prefer not to answer |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a. A friend or family member | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. Twitter, Facebook, or Snapchat | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. Other social media, online advertisements, Google, or other internet sources | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. Posters, signs, or billboards | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. TV or Radio | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. Ads or campaigns in the community, such as at bars, restaurants, or other local events | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| g. Print ads, such as in magazines, newspapers, and brochures | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| h. A nurse, doctor, or other healthcare provider | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| i. Social worker or community health worker | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| j. Any other place, please specify any other place(s):
<input type="text"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

If you answered No to all items in Question 26, please skip to Question 28. Otherwise, continue to Question 27.

27 What types of information have you learned from these sources? Please check all that apply.

- 1 Where you can go to get birth control methods
- 2 How much different birth control methods cost
- 3 What types of birth control methods are the most effective at preventing pregnancy
- 4 Information about a particular birth control method, such as how it is placed or how it works
- 5 Other information, please specify:
- 6 Prefer not to answer

28 Do you know how YOU can get any of the following birth control methods for free? (By FREE we mean you don't have to pay anything out-of-pocket.)

- | | Yes | No | Prefer not to answer |
|--|----------------------------|----------------------------|----------------------------|
| a. Male condoms | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| c. Implant (Nexplanon®) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| d. Depo-Provera® (also called "the shot") | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| e. Birth control pills | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| f. NuvaRing® (vaginal birth control ring) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| g. Other method, please specify:
<input type="text"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

29 True or False. You can start any method of birth control that you want during one office visit to a clinic.

- 1 True
- 2 False
- 3 It depends on the type of birth control method
- 4 Don't Know
- 5 Prefer not to answer

30a On the following list of health experiences, how many of these have you personally experienced? You don't need to say which ones, just how many.

- Ever used or taken medication for which a prescription is needed
- Ever had a pap smear
- Diagnosed with breast cancer in the past 10 years

- Enter number between 0-3
- 1 Don't Know
 - 2 Prefer not to answer

30b On this next list of health experiences, how many of these have you personally experienced? You don't need to say which ones, just how many.

- Ever used a birth control method (such as: pills, an IUD or implant, condoms, or the shot)
- Ever had an abortion (ended a pregnancy on purpose)
- Had a tubal or ectopic pregnancy in the past year
- Ever had your blood pressure measured

- Enter number between 0-4
- 1 Don't Know
 - 2 Prefer not to answer

SECTION E. PUBLIC POLICY OPINIONS

In the following section, we'd like to ask your opinions about abortion. To be sure that everyone has the same understanding, you should know that abortion in the U.S. is legal in all 50 states and is regulated by the medical community to ensure safety. Please consider your own thoughts, opinions, and experiences when answering the following questions.

31 Based on what you know or have heard, how easy is it for a woman to obtain an abortion in your state?

- 1 Very easy
- 2 Somewhat easy
- 3 Neither easy nor difficult
- 4 Somewhat difficult
- 5 Very difficult
- 6 It depends on the situation
- 7 Don't Know
- 8 Prefer not to answer

32 Based on what you know or have heard, how safe or unsafe do you think abortion is in your state?

- 1 Very safe
- 2 Somewhat safe
- 3 Neither safe nor dangerous
- 4 Somewhat dangerous
- 5 Very dangerous
- 6 It depends on the situation
- 7 Don't Know
- 8 Prefer not to answer

33 Based on what you know or have heard, how likely is it that a woman will regret having an abortion?

- 1 Very likely
- 2 Somewhat likely
- 3 Neither likely nor unlikely
- 4 Somewhat unlikely
- 5 Very unlikely
- 6 It depends on the situation
- 7 Don't Know
- 8 Prefer not to answer

34 To what extent do you agree or disagree with the following statements:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer not to answer
a. A range of safe, effective, and affordable methods of abortion care should be available to women in their community	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. A woman should not fear being arrested or going to jail for having an abortion (terminating a pregnancy)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

35 How favorably or unfavorably do you view doctors who provide abortion?

- 1 Very favorably
- 2 Somewhat favorably
- 3 Neither favorably nor unfavorably
- 4 Somewhat unfavorably
- 5 Very unfavorably
- 6 It depends on the situation
- 7 Prefer not to answer

36 Which comes closest to your own view on abortion?

- 1 Having an abortion is acceptable
- 2 I am against abortion for myself, but I don't believe government should prevent a woman from making that decision for herself
- 3 Having an abortion is wrong
- 4 Prefer not to answer

37 Do you identify as....?

- 1 Pro-Choice
- 2 Pro-Life
- 3 Neither
- 4 Both
- 5 Prefer not to answer

SECTION F. DEMOGRAPHICS

Now we would like to ask you a few questions about your background.

38 What is the highest degree or level of school you have completed?

- 1 No schooling completed
- 2 Nursery school
- 3 Kindergarten
- 4 Grade 1 through 11
 Specify grade
- 5 12th grade - no diploma
- 6 Regular high school diploma
- 7 GED or alternative credential
- 8 Some college credit, but less than 1 year of college credit
- 9 1 or more years of college credit, no degree
- 10 Associate's degree (for example: AA, AS)
- 11 Bachelor's degree (for example: BA, BS)
- 12 Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- 13 Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
- 14 Doctorate degree (for example: PhD, EdD)
- 15 Prefer not to answer

39 Where were you born?

- 1 United States
(including its territories: Puerto Rico, Guam, etc.)
- 2 Outside of the United States
- 3 Prefer not to answer

40 Are you of Hispanic, Latina, or Spanish origin?

- 1 Yes
- 2 No
- 3 Prefer not to answer

41 Which one or more of the following would you say is your race?

- 1 Black or African American
- 2 White
- 3 Asian or Asian American
- 4 Native American, Alaska Native, or American Indian
- 5 Native Hawaiian or Pacific Islander
- 6 Other, please describe:

- 7 Prefer not to answer

42 What is your current marital status?

- 1 Now married → *Skip to Question 44*
- 2 Widowed
- 3 Divorced
- 4 Separated
- 5 Never married
- 6 Prefer not to answer

43 Do you currently live with a romantic partner?

- 1 Yes
- 2 No
- 3 Prefer not to answer

44 Which of the following best represents how you think about yourself?

- 1 Lesbian or Gay
- 2 Straight, that is, not lesbian or gay
- 3 Bisexual
- 4 Something else
- 5 Don't Know
- 6 Prefer not to answer

45 How do you describe yourself?

- 1 Female
- 2 Male
- 3 Transgender
- 4 Do not identify as female, male, or transgender
- 5 Don't Know
- 6 Prefer not to answer

46 At any time IN THE LAST 3 MONTHS, have you attended school or college? *Include only schooling which leads to a high school diploma, or a college, graduate, or professional degree.*

- 1 Yes
- 2 No
- 3 Prefer not to answer

47 Are you currently...?

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for 1 year or more
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 Retired
- 7 Unable to work
- 8 Prefer not to answer

48 In studies like this, people are often grouped according to the income shared by an entire household. Thinking about your household's income from all sources in 2015, what was the approximate income earned by everyone, before taxes? *Your best estimate is fine.*

\$

- 1 Don't Know
- 2 Prefer not to answer

→ **If Don't Know or Prefer not to answer,** how about if I give you some categories? Would you say your household's income in 2015 was...

- 1 Less than \$10,000
- 2 \$10,000 to less than \$15,000
- 3 \$15,000 to less than \$20,000
- 4 \$20,000 to less than \$25,000
- 5 \$25,000 to less than \$35,000
- 6 \$35,000 to less than \$50,000
- 7 \$50,000 to less than \$75,000
- 8 \$75,000 or more
- 9 Don't Know
- 10 Prefer not to answer

49 Now, please consider just yourself. During the past 12 MONTHS, did YOU receive any income from wages, salary, commissions, bonuses, or tips?

- 1 Yes
- 2 No → *Skip to Question 51*
- 3 Prefer not to answer → *Skip to Question 51*

50 What was the total amount of income YOU received for the PAST 12 MONTHS? *Please report the amount you earned before taxes were taken out. Your best estimate is fine.*

\$

- 1 Don't Know
- 2 Prefer not to answer

51 During the PAST 12 MONTHS, how many hours did you usually work each WEEK?

Hours per week

- 1 Don't Know
- 2 Prefer not to answer

52 Currently, how important is religion in your daily life? Would you say it is very important, somewhat important, or not important?

- 1 Very important
- 2 Somewhat important
- 3 Not important
- 4 Don't Know
- 5 Prefer not to answer

53 About how often do you attend religious services?

- 1 More than once a week
- 2 Once a week
- 3 2-3 times a month
- 4 Once a month (about 12 times a year)
- 5 3-11 times a year
- 6 Once or twice a year
- 7 Never → Skip to Question 55
- 8 Prefer not to answer → Skip to Question 55

54 Please specify your religious preference (e.g., Catholic, Protestant, Muslim).

- 1 Prefer not to answer

55 In the next set of questions, we'd like to ask about your current living situation. Is the house, apartment, or mobile home that you're living in...

- 1 Owned by you or someone in this household with a mortgage or loan. *Include home equity loans.*
- 2 Owned by you or someone in this household free and clear (without a mortgage or loan)
- 3 Rented
- 4 Occupied without payment of rent
- 5 Don't Know
- 6 Prefer not to answer

56 Including you, how many people have been living or staying at this address for more than 2 months?

 Number of people

- 1 Don't Know
- 2 Prefer not to answer

57 How many children less than 18 years of age live in your household?

 Number of children

- 1 Don't Know
- 2 Prefer not to answer

58 Did you live in this house or apartment 1 year ago?

- 1 Yes → Skip to Question 60
- 2 No, I lived in a different house or apartment in Maryland
- 3 No, I lived in a different house or apartment in another state
- 4 No, I lived in a different house or apartment outside of the United States
- 5 Prefer not to answer

59 Have you been living or staying at your current address for more than 2 months?

- 1 Yes
- 2 No
- 3 Prefer not to answer

SECTION G. REPRODUCTIVE HEALTH

In the next section, we'd like to learn more about your reproductive health.

60 Have you had a tubal ligation ("tubes tied") or another operation that makes you unable to get pregnant?

- 1 Yes → Skip to Question 94
- 2 No
- 3 Prefer not to answer

61 Have you ever been diagnosed as infertile?

- 1 Yes → *This is the end of the survey. Go to page 19.*
- 2 No
- 3 Prefer not to answer

62 Are you currently pregnant?

- 1 Yes → Skip to Question 91
- 2 No
- 3 Prefer not to answer

63 Are you currently trying to get pregnant?

- 1 Yes → Skip to Question 91
- 2 No
- 3 Prefer not to answer

64 Do you have one or more people you think of as your personal doctor or health care provider?

- 1 Yes
- 2 No
- 3 Prefer not to answer

65 About how long has it been since you last visited a doctor for a routine checkup? *A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.*

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 5 Never
- 6 Don't Know
- 7 Prefer not to answer

66 In the past 12 months, have you received from a doctor or other medical care provider:

- | | Yes | No | Don't Know | Prefer not to answer |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a. A method of birth control or a prescription for a birth control method | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. A check-up or medical test related to using birth control method | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. Counseling or information about birth control | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. A doctor, nurse, or other health care provider asked you if you want to become pregnant in the next year | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

67 Are you currently covered by any of the following types of health insurance?

- | | Yes | No | Don't Know | Prefer not to answer |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Insurance through current or former employer or union (by you or another family member). This would include COBRA coverage | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by you or another family member). This would include coverage purchased through an exchange or marketplace, such as marylandhealthconnection.gov | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. Medicare, for people 65 and older or people with certain disabilities | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP) or any kind of state or government-sponsored assistance plan based on income or a disability. You may know this type of coverage as Maryland Medical Assistance Program, Maryland Health Choice, or Maryland Children's Health Program | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. TRICARE or other military health care, including VA health care | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. Indian Health Service | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| g. Any other type of health insurance or health coverage plan. Specify:
<input style="width: 500px; height: 20px;" type="text"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

SECTION H. CURRENT BIRTH CONTROL USE

68 Are you currently using any method or methods of birth control?

- 1 Yes → Skip to Question 70
- 2 No
- 3 Prefer not to answer → Skip to Question 70

69 What are your reasons for not using any method of birth control? *Please check all that apply.*

- 1 I'm not currently having sex with a male
- 2 I just don't think about it
- 3 I don't mind if I get pregnant
- 4 I want to get pregnant
- 5 I don't want to use a birth control method
- 6 My partner doesn't want to use a birth control method
- 7 I don't think I can get pregnant
- 8 I stopped using birth control methods due to side effects
- 9 I'm currently breastfeeding
- 10 I had a problem getting birth control when I needed it
- 11 I couldn't pay for birth control
- 12 I think my partner is sterile and cannot impregnate me
- 13 I think that I might be infertile or it might be impossible for me to get pregnant
- 14 Religious reasons
- 15 I recently stopped using my birth control method and haven't started it again
- 16 I just had a baby
- 17 Other, please describe:
- 18 Prefer not to answer

If you are not currently using any method or methods of birth control, please skip to Question 84. Otherwise, continue to Question 70.

What kind(s) of birth control method(s) are you currently using? Please check all that apply.

70 Withdrawal (also called “the pull-out method”)

- Yes
- No
- Prefer not to answer

→ **If yes**, did you use this method the last time you had sex with a male?

- Yes
- No
- Don't Know
- Prefer not to answer

71 Birth control pills

- Yes
- No
- Prefer not to answer

→ **If yes**, did you use this method the last time you had sex with a male?

- Yes
- No
- Don't Know
- Prefer not to answer

72 Birth control patch (Evra® or other)

- Yes
- No
- Prefer not to answer

→ **If yes**, did you use this method the last time you had sex with a male?

- Yes
- No
- Don't Know
- Prefer not to answer

What kind(s) of birth control method(s) are you currently using? Please check all that apply.

73 Vaginal ring (Nuvaring® or other)

- Yes
- No
- Prefer not to answer

→ **If yes**, did you use this method the last time you had sex with a male?

- Yes
- No
- Don't Know
- Prefer not to answer

74 Depo-Provera® (also called “the shot”)

- Yes
- No
- Prefer not to answer

→ **If yes**, did you use this method the last time you had sex with a male?

- Yes
- No
- Don't Know
- Prefer not to answer

75 IUD (Mirena®, Paragard®, Skyla®, Liletta®, Kyleena®)

- Yes
- No
- Prefer not to answer

→ **If yes**, what IUD are you currently using?

- Mirena®
- Paragard®
- Skyla®
- Liletta®
- Kyleena®
- Prefer not to answer

→ **If yes**, did you use this method the last time you had sex with a male?

- Yes
- No
- Don't Know
- Prefer not to answer

76 Implant (Implanon® or Nexplanon®)

- Yes
- No
- Prefer not to answer

→ **If yes**, did you use this method the last time you had sex with a male?

- Yes
- No
- Don't Know
- Prefer not to answer

77 Male condoms

- Yes
- No
- Prefer not to answer

→ **If yes**, did you use this method the last time you had sex with a male?

- Yes
- No
- Don't Know
- Prefer not to answer

78 Barrier methods (diaphragm, sponge, cervical cap, female condom)

- 1 Yes
- 2 No
- 3 Prefer not to answer

→ **If yes**, did you use this method the last time you had sex with a male?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

What kind(s) of birth control method(s) are you currently using? Please check all that apply.

79 Natural family planning methods (also called calendar/rhythm method, cycle beads, basal body temperature)

- 1 Yes
- 2 No
- 3 Prefer not to answer

→ **If yes**, did you use this method the last time you had sex with a male?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

80 Emergency contraception (morning after pill, also known as "Plan B" or Ella®)

- 1 Yes
- 2 No
- 3 Prefer not to answer

→ **If yes**, did you use this method the last time you had sex with a male?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

81 Partner's vasectomy (also known as male sterilization)

- 1 Yes
- 2 No
- 3 Prefer not to answer

→ **If yes**, did you use this method the last time you had sex with a male?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

82 Other method

1 Yes, please specify the other method:

- 2 No
- 3 Prefer not to answer

→ **If yes**, did you use this method the last time you had sex with a male?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

83 In the past 12 months, have you used any of the following forms of emergency contraception (contraception that you used after you had sex)?

	Yes	No	Prefer not to answer
a. I used Plan B One-Step® (or a generic like Next Choice® or My Way®) and I got it over-the-counter	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. I used Plan B One-Step® (or a generic like Next Choice® or My Way®) and I got it with a prescription	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. I used Ella® (prescription-only emergency contraception)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. I had an IUD placed for emergency contraception (after unprotected sex)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

84 Thinking about the past 3 months, about how often did you have sex with a male? By sex, we mean a penis was inserted in your vagina.

- 1 About once a week or more
- 2 A few times a month
- 3 About once a month
- 4 Less than once a month
- 5 I did not have sex with a male in the past 3 months
- 6 Don't Know
- 7 Prefer not to answer

If you are not currently taking a birth control method, please skip to Question 91.

85 Do you use your health insurance to help pay for your birth control method?

- 1 Yes
- 2 No, I chose not to use my health insurance to pay for my birth control even though my insurance covers it
- 3 No, my health insurance plan does not cover my birth control method
- 4 N/A, I'm not using a prescription method of birth control
- 5 N/A, I don't have health insurance
- 6 Prefer not to answer

86 How satisfied are you with your birth control method?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied
- 6 Prefer not to answer

87 How confident are you that you have been using your method of birth control correctly for the past 3 months?

- 1 Completely confident
- 2 Somewhat confident
- 3 Neither confident nor not confident
- 4 Somewhat not confident
- 5 Not at all confident
- 6 Prefer not to answer

88 Switching your current birth control method and using another method of birth control in the next 3 months is:

- 1 Very likely
- 2 Somewhat likely
- 3 Neither likely nor unlikely
- 4 Somewhat unlikely
- 5 Very unlikely
- 6 Prefer not to answer

89 Your use of your birth control method in the past 3 months was:

- 1 Completely under your control
- 2 Somewhat under your control
- 3 Neither under your control nor out of your control
- 4 Somewhat out of your control
- 5 Not at all under your control
- 6 Prefer not to answer

90 How many of your friends will use a birth control method in the next 3 months?

- 1 Almost all of them
- 2 Most of them
- 3 About half of them
- 4 Less than half of them
- 5 Almost none of them
- 6 Don't Know
- 7 Prefer not to answer

91 How do you feel about having a child now or sometime in the future?

- 1 I don't want to have one
- 2 I do want to have one, less than 12 months from now
- 3 I do want to have one, between 12 months and less than 2 years from now
- 4 I do want to have one, between 2 years to less than 5 years from now
- 5 I do want to have one, five or more years from now
- 6 I do want to have one, but I'm not sure when
- 7 Don't Know
- 8 Prefer not to answer

92 Please think about how you CURRENTLY feel about the following statements:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not Applicable	Prefer not to answer
a. It doesn't matter whether you use birth control or not, when it is your time to get pregnant, it will happen	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
b. Having a baby in the next year could mess up my life	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
c. Getting pregnant would bring me and my partner closer together	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
d. Even though I'm not trying to get pregnant, I would be happy if it happened	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
e. If I got pregnant in the next year, I would consider having an abortion	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
f. Getting pregnant would make my partner happy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
g. Every pregnancy is a blessing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
h. If I got pregnant in the next year, I would be excited	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

93 How important is it to you to AVOID becoming pregnant now?

- 1 Very important
- 2 Somewhat important
- 3 Neither important nor unimportant
- 4 Somewhat unimportant
- 5 Not at all important
- 6 Prefer not to answer

SECTION I. PAST PREGNANCIES

94 In your lifetime, have you ever been pregnant?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

If you have never been pregnant, this is the end of the survey. Please go to page 19. Thank you.

95 In your lifetime, how many times have you been pregnant (whether those pregnancies resulted in babies born alive, stillbirth, abortion, miscarriage, or ectopic or tubal pregnancy)?

number of pregnancies

- 1 Don't Know
- 2 Prefer not to answer

96 Have you ever gotten pregnant when you were not planning or wanting to become pregnant (please include pregnancies that ended in miscarriage or abortion, in addition to births)?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

97 How many babies did you have that were born alive?

number of babies

- 1 Prefer not to answer

98 How many times have you had a miscarriage (lost a pregnancy by accident)?

number of miscarriages

- 1 Don't Know
- 2 Prefer not to answer

99 Have you given birth in the past 12 months?

- 1 Yes
- 2 No
- 3 Prefer not to answer

If you have not given birth in the past 12 months, this is the end of the survey. Please go to page 19. Thank you.

100 Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant?

- 1 I wanted to be pregnant later
- 2 I wanted to be pregnant sooner
- 3 I wanted to be pregnant then
- 4 I didn't want to be pregnant then or at any time in the future
- 5 I wasn't sure what I wanted
- 6 Prefer not to answer

101 When you got pregnant with your new baby, were you trying to get pregnant?

- 1 Yes → Skip to Question 104
- 2 No
- 3 Prefer not to answer

102 When you got pregnant with your new baby, were you or your partner doing anything to keep from getting pregnant?

- 1 Yes → Skip to Question 104
- 2 No
- 3 Prefer not to answer → Skip to Question 104

103 What were the reasons you or your partner were not doing anything to keep from getting pregnant? Please check all that apply.

- 1 I didn't mind if I got pregnant
- 2 I thought I could not get pregnant at that time
- 3 I had side effects from the birth control method I was using
- 4 I had problems getting birth control when I needed it
- 5 I thought my partner or I was sterile (could not get pregnant at all)
- 6 My partner didn't want to use anything
- 7 I forgot to use a birth control method
- 8 Other reason, please specify:

- 9 Prefer not to answer

104 During the 12 months before your new baby was born, did your partner say he/she didn't want you to get pregnant?

- 1 Yes
- 2 No
- 3 Prefer not to answer

105 How did you feel when you found out you were pregnant with your new baby? Were you...

- 1 Very unhappy to be pregnant
- 2 Unhappy to be pregnant
- 3 Neither happy nor unhappy
- 4 Happy to be pregnant
- 5 Very happy to be pregnant
- 6 Prefer not to answer

106 During the year in which you were pregnant with and gave birth to your new baby, were you covered by health insurance from any of the following?

- 1 Insurance through current or former employer or union (by you or another family member)
- 2 Insurance purchased directly from an insurance company (by you or another family member)
- 3 Medicare (for people 65 and older or people with certain disabilities)
- 4 Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP) or any kind of state or government-sponsored assistance plan based on income or a disability
- 5 TRICARE or other military health care, including VA health care
- 6 Indian Health Service
- 7 Any other type of health insurance or health coverage plan, please specify:
- 8 I did not have health insurance during my pregnancy
- 9 Don't Know
- 10 Prefer not to answer

SECTION J. PRENATAL CARE

107 Did you have any prenatal care during this most recent pregnancy? *Prenatal care is given by a healthcare provider and includes a physical exam, weight checks, and providing a urine sample. Depending on the stage of the pregnancy, healthcare providers may also do blood tests and imaging tests, such as ultrasound exams. These visits also include discussions about the mother's health, the infant's health, and any questions about the pregnancy.*

- 1 Yes
- 2 No → Skip to Question 110
- 3 Prefer not to answer

108 During any of your prenatal care visits, did a doctor, nurse, or other healthcare provider talk with you about your plans and timing for having another baby?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

109 During any of your prenatal care visits, did a doctor, nurse, or other healthcare provider ask you if you want to become pregnant again within the next year?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

110 A preterm delivery is one that occurs at 36 weeks or earlier in the pregnancy. As far as you know, did you have a preterm delivery?

- 1 Yes
- 2 No
- 3 Prefer not to answer

111 When your baby was born, did she/he weigh 5 ½ pounds or more?

- 1 My baby weighed 5 ½ pounds or more
- 2 My baby weighed less than 5 ½ pounds
- 3 Prefer not to answer

112 Either before or after you gave birth, did a doctor, nurse, or other healthcare provider talk with you about postpartum contraception (or birth control methods that you could start using once your baby was born)?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

113 Did you start a new birth control method within 6 weeks after you gave birth?

- 1 Yes
- 2 No
- 3 Prefer not to answer

What birth control method did you start after giving birth? Please check all that apply.

- 1 Birth control pills
 2 Withdrawal (also called “the pull-out method”)
 3 IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®)

→ **If yes**, what IUD did you use?

- 1 Liletta® (hormonal IUD used for up to 3 years)
 2 Mirena® (hormonal IUD used for up to 5 years)
 3 Skyla® (hormonal IUD used for up to 3 years)
 4 Paragard® (non-hormonal IUD used for up to 10 years, also called the “copper IUD”)
 5 Kyleena® (hormonal IUD used for up to 5 years)
 6 Don't Know
 7 Prefer not to answer

→ **If yes**, have you had any trouble with the IUD since it was inserted? For example, did it ever need to be re-inserted?

- 1 Yes, please specify difficulty:

- 2 No
 3 Don't Know
 4 Prefer not to answer

- 4 Implant (Implanon® or Nexplanon®)
 5 Vaginal ring (Nuvaring® or other)
 6 Depo-Provera® (also called “the shot”)
 7 Birth control patch (Evra® or other)
 8 Male condoms
 9 Natural family planning methods (also called calendar/rhythm method, cycle beads, basal body temperature)
 10 Barrier methods (diaphragm, sponge, cervical cap, female condom)
 11 Other method, *please specify*:

- 12 I did not use any method of birth control
 → *This is the end of the survey.
 Please go to page 19. Thank you.*

- 13 Don't Know
 14 Prefer not to answer

Where did you receive this birth control method?

- 1 Before I left the hospital after giving birth
 2 At my six-week check-up appointment with my OB/GYN who delivered my baby
 3 At my six-week check-up appointment at a family planning clinic
 4 Other, please describe:

 5 Prefer not to answer

Thank You

Thank you very much for participating in this survey. The information you provided will be used to help improve women's health in your state. As part of an ongoing research study, you may be contacted in the future to participate in related studies. Please note that if you choose to participate in future studies, you will be compensated. However, you always have the right to refuse. For future contact purposes, please include your email and phone number below. If you do not want to be contacted, please check the box below.

Name: Phone:

Email:

I do not wish to be contacted

Other interested participants

If there are any women between 18-44 in your household who we could contact to participate in this study, please enter their information below. If there are no other women in the household between 18-44 or you do not wish to provide their information, please check the appropriate box below.

First woman name: Email:

Second woman name: Email:

I do not wish to provide their contact information

There are no other women age 18-44 in household

Incentive

If you were eligible and completed this survey, we will be sending you a \$10 Amazon gift code. Would you like us to mail or email the gift code to you?

Mail Email Both

If you selected for us to mail the gift code to you, please provide an updated address if the one we mailed to is incorrect.

Address 1:

Address 2:

City: State: Zip

Email:

MAILING INSTRUCTIONS

Please place the completed questionnaire into the postage-paid return envelope.
If the envelope has been misplaced, please mail the questionnaire to:

NORC at the University of Chicago
55 E. Monroe Street, 19th Floor
Chicago, Illinois 60603

If you would like more information about the study, please call 1-866-643-6672 or send an email to womenshealth@norc.org. If you have questions about your rights as a survey participant, you may call the NORC Institutional Review Board Administrator (toll-free) at 1-866-309-0542.

If you have any comments about this survey or would like to share any other information about your experiences using birth control, please enter those in the box below.