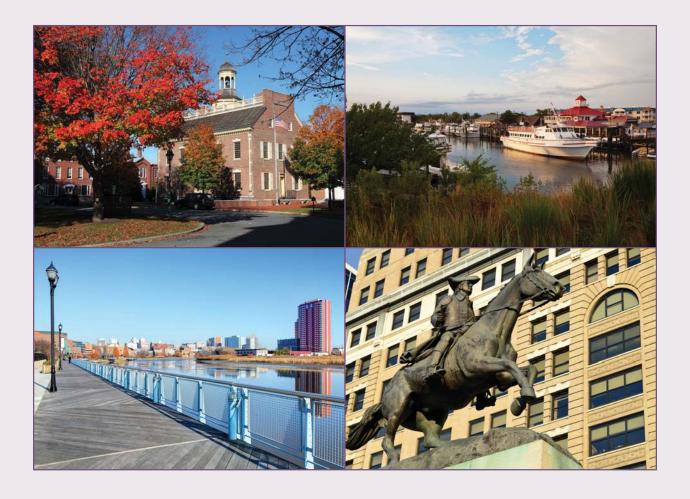
Delaware MAN SURVEY OF MINA WOOLEN



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.

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 guestions.

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)

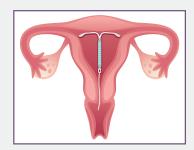
Implant (Implanon® or Nexplanon®) The birth control implant is called Nexplanon (the older version was called Implanon). The implant is a single rod that is inserted inside a woman's arm. The implant contains a small amount of hormones that are slowly released to prevent a woman from getting pregnant.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

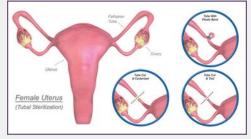




Depo-Provera® (also called "the shot")

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
	M/le e (!= .	
U	What is your a	ge (in years)?
	<u> </u>	over 44 years of age
	⇒ STOP	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 s	ex?
	¹ ☐ Female ² ☐ Male	
	STOP	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 SECTION C. PAST BIRTH CONTROL USE Would you say that in general your health is....? Have you ever used any of these birth control methods, ¹ Excellent even if you have used the method only once? ² Very good ³ Good Withdrawal (also called "the pull-out method") ⁴ ☐ Fair ¹ ☐ Yes ⁵ Poor ² □ No 6 ☐ Prefer not to answer ³ ☐ Don't Know ⁴ ☐ Prefer not to answer In the past 12 months, was there any time when you needed health care for yourself, for any reason, but didn't get it? 7 Birth control pills ¹ ☐ Yes ¹ ☐ Yes ² ☐ No → Skip to Question 6 ² No ³ ☐ Prefer not to answer → Skip to Question 6 ³ ☐ Don't Know ⁴ ☐ Prefer not to answer Why didn't you get health care for yourself? Please check all that apply. 8 Birth control patch (Evra® or other) ¹ ☐ I couldn't afford it ¹ ☐ Yes ² I did not know where to go ² ∏ No ³ ☐ It was too far away 3 ☐ Don't Know ⁴ ☐ I could not get there when it was open ⁴ ☐ Prefer not to answer ⁵ ☐ I could not get an appointment soon enough ⁶ ☐ I did not have transportation Vaginal ring (Nuvaring® or other) ⁷ ☐ I didn't have time to go ¹ Yes ⁸ I was worried that it wasn't covered under my insurance ² ☐ No ⁹ ☐ Some other reason, please specify: 3 ☐ Don't Know ⁴ ☐ Prefer not to answer 10 ☐ Prefer not to answer Depo-Provera® (also called "the shot") ¹ ☐ Yes ² □ No 3 ☐ Don't Know ⁴ ☐ Prefer not to answer

Have you <u>ever used</u> any of these birth control methods, even if you have used the method only once?	12 Implant (Implanon® or Nexplanon®)
even if you have used the method only once:	¹ ☐ Yes
1 IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®)	r²□ No
□¹ ☐ Yes	³ □ Don't Know
r iso	⁴ □ Prefer not to answer
³☐ Don't Know	If no, what is the primary reason you have never used
⁴ ☐ Prefer not to answer	an implant?
If no, what is the primary reason you have never used	 ¹☐ The cost is too high ²☐ I am not familiar with this birth control method
an IÚD?	3 □ Due to my beliefs (religious or otherwise)
¹ ☐ The cost is too high	⁴ ☐ To avoid negative side effects
² ☐ I am not familiar with this birth control method	5 ☐ I am not comfortable requesting an implant from my
³ ☐ Due to my beliefs (religious or otherwise)	doctor
⁴ ☐ To avoid negative side effects	6 ☐ I am concerned about the procedure for inserting or
⁵ ☐ I am not comfortable requesting an IUD from my doctor	removing the implant
$^6\square$ I am concerned about the procedure for inserting or	 ⁷ ☐ My provider did not discuss implants with me ⁸ ☐ I prefer to use a different method
removing the IUD	9 ☐ I don't want an object in my body
⁷ ☐ My provider did not discuss IUDs with me	Other, please specify:
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 very averaged any of these birth a cotacl mathe de
¹¹ ☐ Prefer not to answer	Have you <u>ever used</u> any of these birth control methods, even if you have used the method only once?
If yes, what IUD have you used?	
Please check all that apply.	13 Male condoms
¹ ☐ Liletta® (hormonal IUD used for up to 3 years)	¹ □ Yes
² Mirena® (hormonal IUD used for up to 5 years)	2 □ No
 ³ ☐ Skyla[®] (hormonal IUD used for up to 3 years) ⁴ ☐ Paragard[®] (non-hormonal IUD used for up to 10 years, 	³ ☐ Don't Know
also called the "copper IUD")	⁴ ☐ Prefer not to answer
⁵ ☐ Kyleena [®] (hormonal IUD used for up to 5 years)	
⁶ □ Don't Know	14 Barrier methods (diaphragm, sponge, cervical cap,
⁷ ☐ Prefer not to answer	female condom)
If yes, did you ever have any trouble with the IUD once it	¹□ Yes
was inserted? For example, did it ever fall out?	² □ No
¹ ☐ Yes, please specify difficulty:	3 ☐ Don't Know 4 ☐ Prefer not to answer
	Prefer not to answer
² ☐ No	Natural family planning methods (also called calendar/
³ ☐ Prefer not to answer	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	22	In the past 12 months, have you needed a birth control method, but couldn't afford it?
	² □ No		¹ ☐ Yes
	³ ☐ Don't Know		² □ No
	4 ☐ Prefer not to answer		3 ☐ 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	23	In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason?
	small coil inserted inside her fallopian tubes; this method is called "Essure".		¹ ☐ Yes
	¹ Yes	- 1	² No → Skip to Question 25 ³ Prefer not to answer → Skip to Question 25
	² □ No		Skip to Question 25
	3 ☐ Don't Know 4 ☐ Prefer not to answer	24	Why did you delay or have trouble getting the birth control method that you wanted? Please check all that apply.
19	Any other method not mentioned previously?		¹ ☐ I couldn't afford it.
	¹ ☐ Yes, please specify:		² ☐ I couldn't get through to a doctor, clinic, or pharmacy on the telephone.
			 I couldn't get an appointment with a doctor, clinic, or pharmacy soon enough.
	² ☐ No ³ ☐ Don't Know		⁴ The doctor, clinic, or pharmacy wasn't open when I could
	4 □ Prefer not to answer		get there. ⁵ ☐ Once I got to the doctor, clinic, or pharmacy the wait was
			too long to see someone.
	you have never used a birth control method, please skip to uestion 22. Otherwise please continue with Question 20.		⁶ ☐ I didn't have transportation or a ride to the clinic/pharmacy.
L	destion 22. Otherwise please continue with Question 20.		 I was treated unfairly. Other, please specify:
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	Ш	9 □ Prefer not to answer
	not having sex with a man.	╽╽┖	How were you treated unfairly? I was treated unfairly
	¹ ☐ Yes		Please check all that apply. ¹ ☐ Because of my race/ethnicity
	² □ No → Skip to Question 22		² Because English is not my first language
	³ ☐ Prefer not to answer → Skip to Question 22		³ ☐ Because of my sexual orientation
21	What method or methods did you stop because you		⁴ ☐ Because of my sexual activity or lifestyle
Y	were not satisfield? Check all that apply.		⁵ ☐ Some other reason
	¹ ☐ Birth control pills		⁶ ☐ Prefer not to answer
	² Withdrawal (also called "the pull-out method")		
	 ³ □ IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®) ⁴ □ Implant (Implanon® or Nexplanon®) 		SECTION D. SOURCES OF
	5 □ Vaginal ring (Nuvaring® or other)		MEDICAL CARE INFORMATION
	6 □ Depo-Provera® (also called "the shot")		
	⁷ ☐ Birth control patch (Evra® or other)	25	In the past 12 months, have you received any
	⁸ ☐ Male condoms		medical care?
	⁹ Natural family planning methods (also called calendar/ rhythm method, cycle beads, basal body temperature)		¹ ☐ Yes
	¹¹□ Barrier methods (diaphragm, sponge, cervical cap,	- 1	² No → Skip to Question 27
	female condom)		³ ☐ Prefer not to answer → Skip to Question 27
	¹¹ ☐ Prefer not to answer		

	N
OO	

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	What types of information have you learned from these sources? Please check all that apply.
a.	Westside Family Healthcare	1	2	3	4	¹ ☐ Where you can go to get birth control methods
	Delaware State University Health	1	2	2	4	² ☐ How much different birth control methods cost
	Clinic La Red Health Center	1	2 2	3 3	4	³ ☐ What types of birth control methods are the most effective
	Children and Families First (also	. 🗆		<u>«П</u>		at preventing pregnancy
	called ARC) Planned Parenthood of Delaware		2	3	4	⁴ ☐ Information about a particular birth control method, such as how it is placed or how it works
		1	2	3	4	⁵ ☐ Other information, please specify:
	Henrietta Johnson Medical Center	1	۷	3	4	
	Family Wellness Center/Delaware Families First	1	2	3	4	⁶ □ Prefer not to answer
	Delaware State University Student Health Services	1	2	3	4	29 Do you know how YOU can get any of the following
	A school based health clinic	1	2	3	4	birth control methods for free? (By FREE we mean you
j.	Edward W. Pyle State Service Center	1	2	3	4	don't have to pay anything out-of-pocket.)
	Thurman Adams State Service Center (formerly the Georgetown	1.	2	2	4	Prefer not to Yes No answer
	State Service Center)	1	2	3	4	a. Male condoms
	Milford Riverwalk State Service Center	1	2	3	4	b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®)
m.	Anna C. Shipley State Service Center	1	2	3	4	c. Implant (Nexplanon®)
	Conte	_			_	d. Depo-Provera® (also called "the shot") 1□ 2□ 3□
In t	he past <u>3 months</u> , have you receiv	ved :	anv			e. Birth control pills
info	ormation about birth control meth-			any o	f	f. NuvaRing® (vaginal birth control ring) 1 2 3
the	following places?					g. Other method, please specify:
					Prefer	1 2 3
		Yes	No	Don't Know	not to answer	
a.	A friend or family member	1	2	3	4	30 True or False. You can start any method of birth control
b.	Twitter, Facebook, or Snapchat	1	2	3	4	that you want during one office visit to a clinic.
	Other social media, online					¹∏ True
	advertisements, Google, or other internet sources	1	2	3	4	² ☐ False
d.	Posters, signs, or billboards	1	2	3	4	³ ☐ It depends on the type of birth control method
e.	TV or Radio	1	2	3	4	⁴ □ Don't Know
	Ads or campaigns in the					⁵ ☐ Prefer not to answer
	community, such as at bars,	1	2	3	4	
	restaurants, or other local events Print ads, such as in magazines,					31a On the following list of health experiences, how many
	newspapers, and brochures	1	2	3	4	of these have you personally experienced? You don't need to say which ones, just how many.
h.	A nurse, doctor, or other healthcare provider	1	2	3	4	- Ever used or taken medication for which a prescription is
i.	Social worker or community health worker	1	2	3	4	needed - Ever had a pap smear
j.	Any other place, please specify					- Diagnosed with breast cancer in the past 10 years
,	any other place(s):					Enter number between 0-3
		1	2	3	4	¹□ Don't Know
						² ☐ Prefer not to answer

If you answered No to all items in Question 27, please skip to

Question 29. Otherwise, continue to Question 28.

31b							
á S á	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 opinons 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. 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	uns 1	ery safe omewhat either sa omewhat ery dang depends on't Knowrefer not ed on what ery likely omewhat either like omewhat ery unlike depends on't Known't Known't Known't Known't Known ery safe ery unlike on't Known ery safe ery unlike ery unlike on't Known ery safe ery unlike ery ery ery ery ery ery ery ery ery er	fe nor dangerous t dangerous erous on the situation to answer hat you know n will regret h t likely ely nor unlikely t unlikely ely on the situation	or have he having an a	our state?	
	 Somewhat difficult Very difficult It depends on the situation Don't Know 						
	 ⁴ ☐ Somewhat difficult ⁵ ☐ Very difficult ⁶ ☐ It depends on the situation 						
35	 Somewhat difficult Very difficult It depends on the situation Don't Know 	g statement	s:				
35	 Somewhat difficult Very difficult It depends on the situation Don't Know Prefer not to answer 			Neither Agree	Disagree	Strongly Disagree	Prefer not
35	 Somewhat difficult Very difficult It depends on the situation Don't Know Prefer not to answer 	statement Strongly Agree	S: Agree 2	Neither Agree nor Disagree	Disagree 4 4 4	Strongly Disagree 5— 5—	Prefer not to answer

SECTION F. DEMOGRAPHICS	What is your current marital status?
	¹ ☐ Now married → Skip to Question 45
Now we would like to ask you a few questions about your	² ☐ Widowed
background.	³ ☐ Divorced
	⁴ ☐ Separated
What is the highest degree or level of school you have	⁵ ☐ Never married
completed?	⁶ □ Prefer not to answer
¹ ☐ No schooling completed	
² ☐ Nursery school	Do you currently live with a romantic partner?
³ ☐ Kindergarten	¹ ☐ Yes
⁴ ☐ Grade 1 through 11	2 □ No
On a sife some de	³ □ Prefer not to answer
Specify grade	Therefillet to answer
⁵ ☐ 12th grade - no diploma ⁶ ☐ Regular high school diploma	Which of the fellowing heat represents how you think
⁷ ☐ GED or alternative credential	Which of the following best represents how you think about yourself?
⁸ ☐ Some college credit, but less than 1 year of college credit	-
⁹ ☐ 1 or more years of college credit, no degree	¹☐ Lesbian or Gay
¹⁰ ☐ Associate's degree (for example: AA, AS)	² ☐ Straight, that is, not lesbian or gay ³ ☐ Bisexual
¹¹ ☐ Bachelor's degree (for example: BA, BS)	4 ☐ Something else
Dadrielor's degree (for example: MA, MS, MEng, MEd,	5 □ Don't Know
MSW, MBA)	6 Prefer not to answer
Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)	- Prefer not to answer
¹⁴ ☐ Doctorate degree (for example: PhD, EdD)	46 How do you describe yourself?
¹⁵ □ Prefer not to answer	¹ ☐ Female
	² ☐ Male
Where were you born?	³ ☐ Transgender
•	⁴ □ Do not identify as female, male, or transgender
¹ ☐ United States (including its territories: Puerto Rico, Guam, etc.)	5 ☐ Don't Know
² ☐ Outside of the United States	⁶ ☐ Prefer not to answer
³ ☐ Prefer not to answer	
	47 At any time IN THE LAST 3 MONTHS, have you
Are you of Hispanic, Latina, or Spanish origin?	attended school or college? Include only schooling which
¹□ Yes	leads to a high school diploma, or a college, graduate, or professional degree.
²	
³☐ Prefer not to answer	¹ ☐ Yes ² ☐ No
Therefront to answer	³ Prefer not to answer
2 Which one or more of the following would you say is	THEIGHTO GUSWEI
your race?	48 Are you currently?
¹ ☐ Black or African American	
² White	¹ ☐ Employed for wages
3 ☐ Asian or Asian American	² ☐ Self-employed
⁴ ☐ Native American, Alaska Native, or American Indian	³ ☐ Out of work for 1 year or more
5 ☐ Native Hawaiian or Pacific Islander	4 ☐ Out of work for less than 1 year
⁶ ☐ Other, please describe:	⁵ ☐ A Homemaker
	6 ☐ Retired
	 7 ☐ Unable to work 8 ☐ Prefer not to answer
⁷ ☐ Prefer not to answer	Prefer flot to answer

49 In studies like this, people are often grouped according	About how often do you attend religious services?
to the income shared by an entire household. Thinking	¹ ☐ More than once a week
about your household's income from all sources in	2 ☐ Once a week
2015, what was the approximate income earned by everyone, before taxes? Your best estimate is fine.	
everyone, before taxes: Tour best estimate is fine.	³☐ 2-3 times a month
\$	⁴ ☐ Once a month (about 12 times a year)
•	∫ 5 ☐ 3-11 times a year
□ Don't Know	⁶ ☐ Once or twice a year
Prefer not to answer	⁷ □ Never → Skip to Question 56
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	8 ☐ Prefer not to answer → Skip to Question 56
¹ ☐ Less than \$10,000	Please specify your religious preference (e.g., Catholic,
² \$10,000 to less than \$15,000	Protestant, Muslim).
³ ☐ \$15,000 to less than \$20,000	
⁴ □ \$20,000 to less than \$25,000	¹ □ Prefer not to answer
⁵ □ \$25,000 to less than \$35,000	
⁶ ☐ \$35,000 to less than \$50,000	In the next set of questions, we'd like to ask about your
⁷ ☐ \$50,000 to less than \$75,000	current living situation. Is the house, apartment, or
8 ☐ \$75,000 or more	mobile home that you're living in
⁹ ☐ Don't Know 10 ☐ Prefer not to answer	¹ ☐ Owned by you or someone in this household with a mortgage or loan. <i>Include home equity loans.</i>
Now, please consider just yourself. During the past 12	² ☐ Owned by you or someone in this household free and clear (without a mortgage or loan)
MONTHS, did YOU receive any income from wages,	³ ☐ Rented
salary, commissions, bonuses, or tips?	⁴ ☐ Occupied without payment of rent
¹ ☐ Yes	5 ☐ Don't Know
² ☐ No → Skip to Question 52	6 ☐ Prefer not to answer
³ ☐ Prefer not to answer → Skip to Question 52	
- 1 Total Hat to allowed	
	Including you, how many people have been living or staying at this address for more than 2 months?
What was the total amount of income YOU received for the PAST 12 MONTHS? Please report the amount	Staying at this address for more than 2 months.
you earned before taxes were taken out. Your best	Number of people
estimate is fine.	¹□ Don't Know
	2 □ Prefer not to answer
\$	Troici not to answer
¹ □ Don't Know	
² ☐ Prefer not to answer	How many children less than 18 years of age live in your household?
	your nousehold?
	North an of abildren
During the PAST 12 MONTHS, how many hours did you usually work each WEEK?	Number of children
———	□ Don't Know
Hours per week	² ☐ Prefer not to answer
· ·	
1 □ Don't Know	59 Did you live in this house or apartment 1 year ago?
² □ Prefer not to answer	¹ ☐ Yes → Skip to Question 61
	No, I lived in a different house or apartment in Delaware
53 Currently, how important is religion in your daily	
life? Would you say it is very important, somewhat	³ ☐ No, I lived in a different house or apartment in another state
important, or not important?	4 ☐ No, I lived in a different house or apartment outside of the
¹ ☐ Very important	United States
² ☐ Somewhat important	5 □ Prefer not to answer
³ Not important	_ Troid not to answer
4 □ Don't Know	
5 ☐ Prefer not to answer	Have you been living or staying at your current address
Li Feler not to answer	for more than 2 months?
	¹ ☐ Yes
	² ☐ No
	³ ☐ Prefer not to answer

SECTION G. REPRODUCTIVE HEALTH	Do you have one or more people you think of as your personal doctor or health care provider?
REI RODOOTTE HEAETT	¹ Yes
In the next section, we'd like to learn more about your reproductive health.	² ☐ No ³ ☐ Prefer not to answer
Have you had a tubal ligation ("tubes tied") or another operation that makes you unable to get pregnant?	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,
¹ ☐ Yes → Skip to Question 95 ² ☐ No	illness, or condition.
³☐ Prefer not to answer	 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)
Have you ever been diagnosed as infertile?	⁴ 5 or more years ago
¹☐ Yes → This is the end of the survey. Go to page 19.	⁵ ☐ Never
² ☐ No ³ ☐ Prefer not to answer	⁶ □ Don't Know ⁷ □ Prefer not to answer
Trefer not to answer	
Are you currently pregnant? 1 ☐ Yes → Skip to Question 92	In the past 12 months, have you received from a doctor or other medical care provider:
² □ No	Prefer Don't not to
³ ☐ Prefer not to answer	Yes No Know answer
A Are you currently trying to get pregnant?	a. A method of birth control or a prescription for a birth control
¹ ☐ Yes → Skip to Question 92	method b. A check-up or medical test related
² □ No	to using birth control method $^{1}\square$ $^{2}\square$ $^{3}\square$ $^{4}\square$
³ ☐ Prefer not to answer	c. Counseling or information about birth control
	d. A doctor, nurse, or other health care provider asked you if you
	want to become pregnant in the next year 1 2 3 4
	i liext year
8 Are you currently covered by any of the following types of	f health insurance?
, , , , , , , , , , , , , , , , , , , ,	Don't Prefer not
a. Insurance through current or former employer or union (by	Yes No Know to answer
This would include COBRA coverage	1 2 3 4
 Insurance purchased directly from an insurance company (member). This would include coverage purchased through 	
such as Healthcare.gov	1 2 3 4
 c. Medicare, for people 65 and older or people with certain dis d. Medicaid, Medical Assistance (MA), the Children's Health I 	
kind of state or government-sponsored assistance plan bas may know this type of coverage as Diamond State Health.	sed on income or a disability. You
e. TRICARE or other military health care, including VA health	
f. Indian Health Service	1 2 3 4
g. Any other type of health insurance or health coverage plan	
	1 2 3 4

ĺ	SECTION H.	72 Birth control pills
	CURRENT BIRTH CONTROL USE	r¹ □ Yes
ŀ		² No
ا ھ	9 Are you <u>currently using</u> any method or methods of	³ □ Prefer not to answer
0	birth control?	If yes, did you use this method the last time you had sex with a male?
١	¹ ☐ Yes → Skip to Question 71	¹ ☐ Yes
١	² □ No	² □ No
١	³☐ Prefer not to answer → Skip to Question 71	³ □ Don't Know
		⁴ ☐ Prefer not to answer
7	What are your reasons for not using any method of birth control? Please check all that apply.	73 Birth control patch (Evra® or other)
١	¹ ☐ I'm not currently having sex with a male	
١	² ☐ I just don't think about it	r 1
١	³ ☐ I don't mind if I get pregnant	3 Prefer not to answer
١	⁴ ☐ I want to get pregnant	11 [—] ,
١	⁵ ☐ I don't want to use a birth control method	If yes, did you use this method the last time you had sex with a male?
١	⁶ ☐ My partner doesn't want to use a birth control method	¹ Yes
١	⁷ ☐ I don't think I can get pregnant	2 □ No
١	$^{8}\square$ I stopped using birth control methods due to side effects	³ □ Don't Know
١	⁹ ☐ I'm currently breastfeeding	4 □ Prefer not to answer
١	¹⁰ ☐ I had a problem getting birth control when I needed it	T 10101 Not to another
١	11 ☐ I couldn't pay for birth control	What kind(s) of birth control method(s) are you
١	¹² ☐ I think my partner is sterile and cannot impregnate me	currently using? Please check all that apply.
	¹³ I think that I might be infertile or it might be impossible for me to get pregnant	74 Vaginal ring (Nuvaring® or other)
١	¹⁴ ☐ Religious reasons	
١	¹⁵ ☐ I recently stopped using my birth control method and	rational Yes representation 2
١	haven't started it again	3 Prefer not to answer
١	16 ☐ I just had a baby	
١	17 ☐ Other, please describe:	If yes, did you use this method the last time you had sex with a male?
١		¹ □ Yes
١	¹⁸ □ Prefer not to answer	2 □ No
١		3 □ Don't Know
١	If you are not currently using any method or methods of birth	⁴ ☐ Prefer not to answer
١	control, please skip to Question 85. Otherwise, continue to	
١	Question 71.	75 Depo-Provera® (also called "the shot")
١	What kind(s) of birth control method(s) are you	
١	currently using? Please check all that apply.	rule
		3 Prefer not to answer
7	1 Withdrawal (also called "the pull-out method")	
I	Γ ¹□ Yes	If yes, did you use this method the last time you had sex with a male?
١	2 □ No	¹ □ Yes
١	³ □ Prefer not to answer	2 □ No
١	If yes, did you use this method the last time you had sex	³□ Don't Know
١	with a male?	4 ☐ Prefer not to answer
١	¹ ☐ Yes	
١	² □ No	
١	³ ☐ Don't Know	
	⁴ ☐ Prefer not to answer	
- 1		

76 IUD (Mirena®, Paragard®, Skyla®, Liletta, or Kyleena®)	What kind(s) of birth control method(s) are you currently using? Please check all that apply.
Tyes No Prefer not to answer	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 Emergency contraception (morning after pill, also known as "Plan B" or Ella®) 1 Yes 2 No
77 Implant (Implanon® or Nexplanon®)	² No ³ Prefer not to answer
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	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
³ ☐ Don't Know ⁴ ☐ Prefer not to answer	Partner's vasectomy (also known as male sterilization)
78 Male condoms	² No ³ Prefer not to answer
T¹ ☐ 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	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
³ ☐ Don't Know	83 Other method
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	Yes, please specify the other method: 2

84	In the past 12 months, have you used any of the following forms of emergency contraception (contraception that you used <u>after</u> you had sex)?	88	How confident are you that you have been using your method of birth control correctly for the past 3 months?
	a. I used Plan B One-Step® (or a generic like Next Choice® or My Way®) and I got it over-the-counter b. I used Plan B One-Step® (or a generic like Next Choice® or My Way®) and I got it with a prescription Prefer not to answer 3 3 1 2 3 1 2 3 1 2 3 3 3 3		 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
	c. I used Ella® (prescription-only emergency contraception) 1 2 3	89	Switching your current birth control method and using another method of birth control in the next 3 months is:
	d. I had an IUD placed for emergency contraception (after unprotected sex) ¹ □ ² □ ³ □		¹ ☐ Very likely ² ☐ Somewhat likely
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.		 Neither likely nor unlikely Somewhat unlikely Very unlikely
	¹ ☐ About once a week or more 2 ☐ A few times a month 3 ☐ About once a month	90	G ☐ Prefer not to answer Your use of your birth control method in the past 3 months was:
lf y	 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 you are not currently taking a birth control method, please skip Question 92. 		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
86	Do you use your health insurance to help pay for your birth control method?	91	How many of your friends will use a birth control method in the next 3 months?
	 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 		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
87	How satisfied are you with your birth control method?	92	How do you feel about having a child now or sometime in the future?
	¹		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 ab	out the follo	owing sta	tements:				
		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	2	3	4	5	6	7
	 Having a baby in the next year could mess up my life 	1	2	3	4	5	6	7
	c. Getting pregnant would bring me and my partner closer togetherd. Even though I'm not trying to get pregnant, I	1	2	3	4	5	6	7
	would be happy if it happened e. If I got pregnant in the next year, I would	1	2	3	4	5	6	7
	consider having an abortion f. Getting pregnant would make my partner happy	1 1	2	3 3	4 4	5 5	6 <u> </u>	7 7
	g. Every pregnancy is a blessingh. If I got pregnant in the next year, I would be excited	1_	2	3 🗌	4 <u> </u>	5 <u> </u>	6	7
94	How important is it to you to AVOID becoming pr	regnant	98 Hov	/ many babie	s did you	have that v	were born a	live?
5	Neither important nor unimportant Not at all important Prefer not to answer SECTION I. PAST PREGNANCI		preg	number o	cident)? f miscarria		carriage (lo	st a
95	In your lifetime, have you ever been pregnant?			e you given l	oirth in the	e past 12 m	onths?	
If y	T ☐ Yes C ☐ No Don't Know Don't Know Prefer not to answer Tou have never been pregnant, this is the end of the s	survey.	If you ha		birth in the			the end
	ease go to page 19. Thank you.			nking back to baby, how d				
	In your lifetime, how many times have you been pregnant (whether those pregnancies resulted in babies born alive, stillbirth, abortion, miscarriage ectopic or tubal pregnancy)? number of pregnancies number of pregnancies Prefer not to answer		2	wanted to be wanted to be wanted to be didn't want to uture wasn't sure wrefer not to ar	pregnant s pregnant the be pregna hat I wante	ooner nen nt then or a	t any time in	the
97	Have you ever gotten pregnant when you were n planning or wanting to become pregnant (please include pregnancies that ended in miscarriage o abortion, in addition to births)?		tryir ¹□ Y	en you got proget of get preges Skip	gnant?		w baby, wer	e you
3	¹ ☐ Yes ² ☐ No ³ ☐ Don't Know ⁴ ☐ Prefer not to answer		² □ N ³ □ P	o refer not to ar	nswer			

_			
103	When you got pregnant with your new baby, were you or your partner doing anything to keep from getting pregnant?	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		 ¹ ☐ Insurance through current or former employer or union (by you or another family member) ² ☐ Insurance purchased directly from an insurance company (by your or another family member)
104	What were the reasons you or your partner were not doing anything to keep from getting pregnant? Please check all that apply.		 Medicare (for people 65 and older or people with certain disabilities) Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP) or any kind of state or
	1		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:
			9 ☐ Don't Know □ ☐ 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?		SECTION J. PRENATAL CARE
	¹ ☐ Yes ² ☐ No ³ ☐ Prefer not to answer How did you feel when you found out you were pregnant with your new baby? Were you	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 □ Very unhappy to be pregnant ² □ Unhappy to be pregnant ³ □ Neither happy nor unhappy ⁴ □ Happy to be pregnant 		¹ ☐ Yes ² ☐ No → Skip to Question 111 ³ ☐ Prefer not to answer
	 5 ☐ Very happy to be pregnant 6 ☐ 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?	What birth control method did you start after giving birth? Please check all that apply.
	1 Yes 2 No 3 Prefer not to answer	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?
112	When your baby was born, did she/he weigh 5 $\frac{1}{2}$ pounds or more?	 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)
	 ¹☐ My baby weighed 5 ½ pounds or more ²☐ My baby weighed less than 5 ½ pounds ³☐ Prefer not to answer 	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
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	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
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	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
		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

studies. Please note that if you choos	oing research study, you may be contacted in the future to participate in relet to participate in future studies, you will be compensated. However, you alwact purposes, please include your email and phone number below. If you e box below.	lways
Name:	Phone:	
Email:		
☐I do not wish to be contacted		
	Other interested participants	
	4 in your household who we could contact to participate in this study, pleas other women in the household between 18-44 or you do not wish to provio iate box below.	
First woman name:	Email:	
Second woman name:	Email:	
☐ I do not wish to provide their contact	t information	
☐ There are no other women age 18-	14 in household	
	Incentive	
If you were eligible and completed thi Would you like us to mail or email the	s survey, we will be sending you a \$10 Amazon gift code.	
□Mail □Email □Both		
If you selected for us to mail the gift of	ode to you, please provide an updated address if the one we mailed to is in	ncorrect.
Address 1:		
Address 2:		
City:	State: Zip	
Email:		

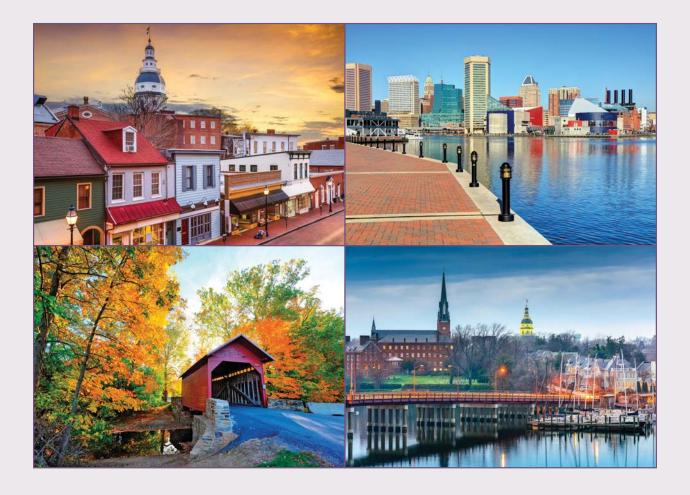
MAILING INSTRUCTIONS

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 Million SURVEY OF MILLION ON EN



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.

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 guestions.

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)

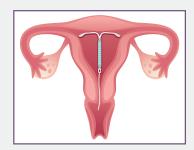
Implant (Implanon® or Nexplanon®) The birth control implant is called Nexplanon (the older version was called Implanon). The implant is a single rod that is inserted inside a woman's arm. The implant contains a small amount of hormones that are slowly released to prevent a woman from getting pregnant.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

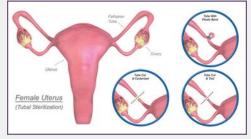




Depo-Provera® (also called "the shot")

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
	M/le e (!= .	
U	What is your a	ge (in years)?
	<u> </u>	over 44 years of age
	⇒ STOP	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 s	ex?
	¹ ☐ Female ² ☐ Male	
	STOP	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 SECTION C. PAST BIRTH CONTROL USE Would you say that in general your health is....? Have you ever used any of these birth control methods, ¹ Excellent even if you have used the method only once? ² Very good ³ Good Withdrawal (also called "the pull-out method") ⁴ ☐ Fair ¹ ☐ Yes ⁵ Poor ² □ No 6 ☐ Prefer not to answer ³ ☐ Don't Know ⁴ ☐ Prefer not to answer In the past 12 months, was there any time when you needed health care for yourself, for any reason, but didn't get it? 7 Birth control pills ¹ ☐ Yes ¹ ☐ Yes ² ☐ No → Skip to Question 6 ² No ³ ☐ Prefer not to answer → Skip to Question 6 ³ ☐ Don't Know ⁴ ☐ Prefer not to answer Why didn't you get health care for yourself? Please check all that apply. 8 Birth control patch (Evra® or other) ¹ ☐ I couldn't afford it ¹ ☐ Yes ² I did not know where to go ² ∏ No ³ ☐ It was too far away 3 ☐ Don't Know ⁴ ☐ I could not get there when it was open ⁴ ☐ Prefer not to answer ⁵ ☐ I could not get an appointment soon enough ⁶ ☐ I did not have transportation Vaginal ring (Nuvaring® or other) ⁷ ☐ I didn't have time to go ¹ Yes ⁸ I was worried that it wasn't covered under my insurance ² ☐ No ⁹ ☐ Some other reason, please specify: 3 ☐ Don't Know ⁴ ☐ Prefer not to answer 10 ☐ Prefer not to answer Depo-Provera® (also called "the shot") ¹ ☐ Yes ² □ No 3 ☐ Don't Know ⁴ ☐ Prefer not to answer

Have you <u>ever used</u> any of these birth control methods, even if you have used the method only once?	12 Implant (Implanon® or Nexplanon®)
even if you have used the method only once:	¹ ☐ Yes
1 IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®)	r²□ No
□¹ ☐ Yes	³ □ Don't Know
r iso	⁴ □ Prefer not to answer
³☐ Don't Know	If no, what is the primary reason you have never used
⁴ ☐ Prefer not to answer	an implant?
If no, what is the primary reason you have never used	 ¹☐ The cost is too high ²☐ I am not familiar with this birth control method
an IÚD?	3 □ Due to my beliefs (religious or otherwise)
¹ ☐ The cost is too high	⁴ ☐ To avoid negative side effects
² ☐ I am not familiar with this birth control method	5 ☐ I am not comfortable requesting an implant from my
³ ☐ Due to my beliefs (religious or otherwise)	doctor
⁴ ☐ To avoid negative side effects	6 ☐ I am concerned about the procedure for inserting or
⁵ ☐ I am not comfortable requesting an IUD from my doctor	removing the implant
$^6\square$ I am concerned about the procedure for inserting or	 ⁷ ☐ My provider did not discuss implants with me ⁸ ☐ I prefer to use a different method
removing the IUD	9 ☐ I don't want an object in my body
⁷ ☐ My provider did not discuss IUDs with me	Other, please specify:
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 very averaged any of these birth a cotacl mathe de
¹¹ ☐ Prefer not to answer	Have you <u>ever used</u> any of these birth control methods, even if you have used the method only once?
If yes, what IUD have you used?	
Please check all that apply.	13 Male condoms
¹ ☐ Liletta® (hormonal IUD used for up to 3 years)	¹ □ Yes
² Mirena® (hormonal IUD used for up to 5 years)	² □ No
 ³ ☐ Skyla[®] (hormonal IUD used for up to 3 years) ⁴ ☐ Paragard[®] (non-hormonal IUD used for up to 10 years, 	³ ☐ Don't Know
also called the "copper IUD")	⁴ ☐ Prefer not to answer
⁵ ☐ Kyleena [®] (hormonal IUD used for up to 5 years)	
⁶ □ Don't Know	14 Barrier methods (diaphragm, sponge, cervical cap,
⁷ ☐ Prefer not to answer	female condom)
If yes, did you ever have any trouble with the IUD once it	¹□ Yes
was inserted? For example, did it ever fall out?	² □ No
¹ ☐ Yes, please specify difficulty:	3 ☐ Don't Know 4 ☐ Prefer not to answer
	Prefer not to answer
² ☐ No	Natural family planning methods (also called calendar/
³ ☐ Prefer not to answer	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

7	Partner's vasectomy (also known as male sterilization) ¹ ☐ Yes	22	In the past 12 months, have you needed a birth control method, but couldn't afford it?
	²□ No		¹ ☐ Yes
	³ ☐ Don't Know		² ☐ No
	⁴ □ Prefer not to answer		3 ☐ 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	23	In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason?
	small coil inserted inside her fallopian tubes; this method is called "Essure®".	Ш	¹ ☐ Yes
	¹ ☐ Yes	'	² □ No → Skip to Question 25
	² □No		³ □ Prefer not to answer → Skip to Question 25
	3 ☐ Don't Know 4 ☐ Prefer not to answer	24	Why did you delay or have trouble getting the birth control method that you wanted? Please check all that apply.
19	Any other method not mentioned previously?	ш	¹ ☐ I couldn't afford it.
	¹ ☐ Yes, please specify:	,	² I couldn't get through to a doctor, clinic, or pharmacy on the telephone.
	2 □ No		³ I couldn't get an appointment with a doctor, clinic, or pharmacy soon enough.
	³ □ Don't Know 4 □ Prefer not to answer		⁴ ☐ The doctor, clinic, or pharmacy wasn't open when I could get there.
	Telef not to answer		Once I got to the doctor, clinic, or pharmacy the wait was too long to see someone.
	you have never used a birth control method, please skip to		⁶ ☐ I didn't have transportation or a ride to the clinic/pharmacy.
(Question 22. Otherwise please continue with Question 20.	I	⁻⁷ ☐ I was treated unfairly. ⁸ ☐ Other, please specify:
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.		9 ☐ Prefer not to answer How were you treated unfairly? I was treated unfairly
	¹ ☐ Yes		Please check all that apply. ¹ □ Because of my race/ethnicity
	² □ No → Skip to Question 22		² Because English is not my first language
	³ ☐ Prefer not to answer → Skip to Question 22		³☐ Because of my sexual orientation
21	What method or methods did you stop because you		⁴ ☐ Because of my sexual activity or lifestyle
Ψ	were not satisfield? Check all that apply.	Н	⁵ ☐ Some other reason
	¹ ☐ Birth control pills ² ☐ Withdrawal (also called "the pull-out method")		⁶ ☐ Prefer not to answer
	³☐ IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®)		SECTION D. SOURCES OF
	⁴ ☐ Implant (Implanon® or Nexplanon®)		MEDICAL CARE INFORMATION
	⁵ ☐ Vaginal ring (Nuvaring [®] or other)		MEDICAL CARE INFORMATION
	6 ☐ Depo-Provera® (also called "the shot")	05	
	 ⁷ ☐ Birth control patch (Evra® or other) ⁸ ☐ Male condoms 	25	In the past 12 months, have you received any medical care?
	9 ☐ Natural family planning methods (also called calendar/		¹ ☐ Yes
	rhythm method, cycle beads, basal body temperature)		² □ No
	¹⁰ Barrier methods (diaphragm, sponge, cervical cap, female condom)		³ ☐ Prefer not to answer
	¹¹ ☐ Prefer not to answer		

	inf	he past <u>3 months,</u> have you received the past <u>3 months, have you received the past of th</u>			any o	f		True or False. You can start any method of birth control hat you want during one office visit to a clinic.
	a. b. c. d. e. f.	A friend or family member Twitter, Facebook, or Snapchat Other social media, online advertisements, Google, or other internet sources Posters, signs, or billboards TV or Radio Ads or campaigns in the community, such as at bars, restaurants, or other local events Print ads, such as in magazines, newspapers, and brochures	1	2	Don't Know 3	Prefer not to answer 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	2 [3 [4 [5 [1]]]]]]]]]]]]]]]]]]	True False It depends on the type of birth control method Don't Know Prefer not to answer 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
	h. i.	A nurse, doctor, or other healthcare provider Social worker or community health worker	1	2	3 3	4		Don't Know Prefer not to answer
If yo		Any other place, please specify any other place(s):		oleas	³□ ee skip	4	t r - iii -	On this next list of health experiences, how many of hese 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 mplant, 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
1 2 3 4 5		At types of information have you I urces? Please check all that apply. Where you can go to get birth control How much different birth control methods a preventing pregnancy information about a particular birth coas how it is placed or how it works. Other information, please specify: Prefer not to answer	met nods are th	hods cost ne mo	ost effe	ective	In th abor you	Enter number between 0-4 Don't Know Prefer not to answer SECTION E. PUBLIC POLICY OPINIONS e following section, we'd like to ask your opinons about tion. To be sure that everyone has the same understanding, should know that abortion in the U.S. is legal in all 50 states is regulated by the medical community to ensure safety. se consider your own thoughts, opinions, and experiences
	bir	you know how YOU can get any o th control methods for free? (By Fa n't have to pay anything out-of-pocke	REE			rou	31 E	answering the following questions. Based on what you know or have heard, how easy is it
		Male condoms IUD (Mirena®, Paragard®, Skyla®, Lilor Kyleena®) Implant (Nexplanon®) Depo-Provera® (also called "the sho Birth control pills NuvaRing® (vaginal birth control ring Other method, please specify:	t")	Ye: 1	2 2 2	Prefer not to answer 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	1 [2 [3 [4 [5 [6 [7 [or a woman to obtain an abortion in your state? Very easy Somewhat easy Neither easy nor difficult Somewhat difficult Very difficult It depends on the situation Don't Know 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?	33	Bas that	ed on wh a woma	nat you know n will regret l	or have he	eard, how labortion?	likely is it
	1		2 S 3 N 4 S 5 V 6 It 7 D	omewhat ery unlike depends on't Knov	ely nor unlikely unlikely ely on the situation			
34	To what extent do you agree or disagree with the following	g state	ment	s:				
	a. A range of safe, effective, and affordable methods of abortion care should be available to women in their communityb. A woman should not fear being arrested or going to jail for having an abortion (terminating a pregnancy)	Strong Agre		Agree 2 2	Neither Agree nor Disagree	Disagree 4 4	Strongly Disagree 5 5	Prefer not to answer
35	How favorably or unfavorably do you view doctors who provide abortion?			SECT	TION F. D	EMOG	RAPHI	CS
36	1	38	Wha com 1 N N 2 N N 3 K 4 G G	at is the Inpleted? o schoolide ursery so indergart frade 1 the school grade egular hie separation or more separation.	en rough 11 Specify grade - no diploma gh school dipl ernative crede ege credit, but years of colle	oma ential less than f	of school y 1 year of cooded	you have
37	Do you identify as? 1 Pro-Choice 2 Pro-Life 3 Neither 4 Both 5 Prefer not to answer	1 1 1 1	1 B P B A B B B B B B B B B B B	achelor's d laster's d ISW, MBA rofession xample: N octorate refer not	Al degree bey MD, DDS, DVI degree (for ex to answer	xample: BA imple: MA, ond a bach M, LLB, JD	A, BS) MS, MEng, nelor's degra	
		39			you born?			
			(i ²□ C	utside of	tes ts territories: I the United Sta to answer		o, Guam, et	c.)

40	Are you of Hispanic, Latina, or Spanish origin?	47 Are you currently?
	¹ ☐ Yes	¹ ☐ Employed for wages
	²□ No	² Self-employed
	³☐ Prefer not to answer	3 ☐ Out of work for 1 year or more
	There not to answer	4 ☐ Out of work for less than 1 year
41	Which one or more of the following would you say is	5 ☐ A Homemaker
	your race?	6 ☐ Retired
	¹ ☐ Black or African American	⁷ ☐ Unable to work
	² White	8 ☐ Prefer not to answer
	³ ☐ Asian or Asian American	
	⁴ □ Native American, Alaska Native, or American Indian	48 In studies like this, people are often grouped according
	⁵ □ Native Hawaiian or Pacific Islander	to the income shared by an entire household. Thinking
	6 ☐ Other, please describe:	about your household's income from all sources in
	Other, please describe.	2015, what was the approximate income earned by
		everyone, before taxes? Your best estimate is fine.
	7 □ Prefer not to answer	
	T fold flot to answer	•
		□ □ □ Don't Know
42	What is your current marital status?	Prefer not to answer
	¹ ☐ Now married → Skip to Question 44	If Don't Know or Prefer not to answer, how about
	² Widowed	if I give you some categories? Would you say your
	³ □ Divorced	household's income in 2015 was
	⁴ ☐ Separated	¹ ☐ Less than \$10,000
	5 ☐ Never married	² ☐ \$10,000 to less than \$15,000
	6 Prefer not to answer	³ ☐ \$15,000 to less than \$20,000
	Freier flot to allswei	⁴ ☐ \$20,000 to less than \$25,000
		5 □ \$25,000 to less than \$35,000
43	Do you currently live with a romantic partner?	6 ☐ \$35,000 to less than \$50,000
	¹ ☐ Yes	⁷ □ \$50,000 to less than \$75,000
	2 □ No	8 ☐ \$75,000 or more
	³☐ Prefer not to answer	9 □ Don't Know
	T Total Hat to allower	
	Military Cally College London College	¹⁰ ☐ Prefer not to answer
44	Which of the following best represents how you think about yourself?	
	,	Now, please consider just yourself. During the past 12
	¹ ☐ Lesbian or Gay	MONTHS, did YOU receive any income from wages,
	² ☐ Straight, that is, not lesbian or gay	salary, commissions, bonuses, or tips?
	³ ☐ Bisexual	¹ ☐ Yes
	⁴ ☐ Something else	² ☐ No → Skip to Question 51
	5 ☐ Don't Know	³ ☐ Prefer not to answer → Skip to Question 51
	⁶ ☐ Prefer not to answer	
		50 What was the total amount of income YOU received
45	How do you describe yourself?	for the PAST 12 MONTHS? Please report the amount
Ÿ	·	you earned before taxes were taken out. Your best
	¹ ☐ Female	estimate is fine.
	² ☐ Male	•
	³ ☐ Transgender	\$
	⁴ ☐ Do not identify as female, male, or transgender	¹ ☐ Don't Know
	5 ☐ Don't Know	² ☐ Prefer not to answer
	⁶ ☐ Prefer not to answer	
		51 During the PAST 12 MONTHS, how many hours did you
46	At any time IN THE LAST 3 MONTHS, have you	usually work each WEEK?
40	attended school or college? Include only schooling which	
	leads to a high school diploma, or a college, graduate, or	Hours per week
	professional degree.	1 Don't Know
	¹	² □ Prefer not to answer
	²□ No	LITTERED HOLLO ANSWEL
	3 ☐ Prefer not to answer	

52	Currently, how important is religion in your daily	58	Did you live in this house or apartment 1 year ago?
	life? Would you say it is very important, somewhat important, or not important?		¹ ☐ Yes → Skip to Question 60
		-	² ☐ No, I lived in a different house or apartment in Maryland
	¹ ☐ Very important		³ ☐ No, I lived in a different house or apartment in another
	² ☐ Somewhat important		state
	³ ☐ Not important		⁴ ☐ No, I lived in a different house or apartment outside of the
	4 ☐ Don't Know		United States
	5 ☐ Prefer not to answer		5 ☐ Prefer not to answer
53	About how often do you attend religious services?	59	Have you been living or staying at your current address
	¹ ☐ More than once a week		for more than 2 months?
	² ☐ Once a week		¹ ☐ Yes
	³ ☐ 2-3 times a month		² ☐ No
	⁴ ☐ Once a month (about 12 times a year)		³ ☐ Prefer not to answer
	⁵ □ 3-11 times a year		
	⁶ ☐ Once or twice a year		
	7 □ Never → Skip to Question 55		SECTION G.
	8 ☐ Prefer not to answer → Skip to Question 55		REPRODUCTIVE HEALTH
	·	. Г.	
54	Please specify your religious preference (e.g., Catholic, Protestant, Muslim).		the next section, we'd like to learn more about your productive health.
		60	Have you had a tubal ligation ("tubes tied") or another operation that makes you unable to get pregnant?
	¹ Prefer not to answer		
			¹☐ Yes → Skip to Question 94
55	In the next set of questions, we'd like to ask about your		² No
	current living situation. Is the house, apartment, or mobile home that you're living in		3 ☐ Prefer not to answer
	¹ ☐ Owned by you or someone in this household with a	61	Have you ever been diagnosed as infertile?
	mortgage or loan. Include home equity loans.		¹ ☐ Yes → This is the end of the survey. Go to page 19.
	² ☐ Owned by you or someone in this household free and		² □ No
	clear (without a mortgage or loan)	- 1	³☐ Prefer not to answer
	³☐ Rented		
	⁴ ☐ Occupied without payment of rent	62	Are you currently pregnant?
	5 Don't Know	02	
	⁶ ☐ Prefer not to answer		¹ ☐ Yes → Skip to Question 91
			² ☐ No
56	Including you, how many people have been living or staying at this address for more than 2 months?		³ Prefer not to answer
	Number of people	63	Are you currently trying to get pregnant?
	¹ □ Don't Know		¹ ☐ Yes → Skip to Question 91
	2 □ Prefer not to answer		² □ No
	Thore not to answer		³ ☐ Prefer not to answer
57	How many children less than 18 years of age live in		Da vari have and an exercise visit of
	your household?	64	Do you have one or more people you think of as your personal doctor or health care provider?
	Number of children		¹ ☐ Yes
	¹□ Don't Know	- 1	²□ No
	² □ Prefer not to answer	- 1	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,	66		he past 12 months, hother medical care pr		eceive	d from	a do	
	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)			A method of birth con		Ye	s No	Don't Know	Prefer not to answer
	3 ☐ Within the past 5 years (2 years but less than 5 years ago) 4 ☐ 5 or more years ago			prescription for a birth method A check-up or medica			2	3	4
	⁵ □ Never ⁶ □ Don't Know			to using birth control r Counseling or informa	method	¹ <u></u> t		3	4
	⁷ □ Prefer not to answer			birth control A doctor, nurse, or oth care provider asked y want to become pregnext year	ou if you		2 2	3	4
67	Are you currently covered by any of the following types of	f health	h ins	urance?					
					Yes	No	Don' Knov		efer not answer
	a. Insurance through current or former employer or union (by This would include COBRA coverageb. Insurance purchased directly from an insurance company				1	2	3		4
	member). This would include coverage purchased through such as marylandhealthconnection.govc. Medicare, for people 65 and older or people with certain di	an exc	chanç es	ge or marketplace,	1 1	2 2	3 3		4 <u></u> 4 <u></u>
	 d. Medicaid, Medical Assistance (MA), the Children's Health or any kind of state or government-sponsored assistance produced disability. You may know this type of coverage as Maryland Maryland Health Choice, or Maryland Children's Health Pres. e. TRICARE or other military health care, including VA health 	olan bas d Medic ogram	sed o	on income or a	1 1	2 <u> </u>	3 3		4 4
	 f. Indian Health Service g. Any other type of health insurance or health coverage plan 	n. Speci	ify:		1	2	3		4
	OF OTION II	69	Wh	at are your reasons	¹□	² □	³□ / meth		4
68	Are you currently using any method or methods of birth control? 1	10 11 11 11 11 11 11 11 11 11 11 11 11 1	birt 1	at are your reasons of the control? Please che 'm not currently having just don't think about don't mind if I get preguent to get pregnant don't want to use a bit of your partner doesn't want don't think I can get postopped using birth combined in the combined partner doesn't want don't think I can get postopped using birth combined in the couldn't pay for birth of think my partner is stepped using the toget pregnant recently stopped using payen't started it again just had a baby Other, please describe	eck all that g sex with it gnant rth control nt to use a regnant control meth ding g birth control control erile and confertile or i	t apply. a male method birth conods du trol whee annot ir	d e to siden I nee mpregn be imp	netho de eff ded i ate m ossib	d ects t ne le for

If you are <u>not</u> currently using any method or methods of birth	Depo-Provera® (also called "the shot")
control, please skip to Question 84. Otherwise, continue to	Depo-Provera (also called the shot)
Question 70.	r¹ ☐ Yes
What kind(s) of birth control method(s) are you	
	³ □ Prefer not to answer
currently using? Please check all that apply.	If yes, did you use this method the last time you had sex
	with a male?
70 Withdrawal (also called "the pull-out method")	
	¹ ☐ Yes
r □ Yes	² □ No
2 □ No	3 □ Don't Know
³ ☐ Prefer not to answer	
There not to answer	⁴ ☐ Prefer not to answer
If yes, did you use this method the last time you had sex	
with a male?	75 IUD (Mirena®, Paragard®, Skyla®, Liletta, or Kyleena®)
¹ ☐ Yes	100 (Willella", Paragalu", Skyla", Elletta, or kyleella")
_	r¹ ☐ Yes
² ☐ No	
³ □ Don't Know	
⁴ ☐ Prefer not to answer	³ Prefer not to answer
	If yes, what IUD are you currently using?
71 Birth control pills	¹ ☐ Mirena®
	│
r T¹ Yes	I
2 □ No	11
³ ☐ Prefer not to answer	d
	∫
If yes, did you use this method the last time you had sex	⁶ □ Prefer not to answer
with a male?	
¹ ☐ Yes	If yes, did you use this method the last time you had sex
2 □ No	with a male?
	¹ ☐ Yes
³ □ Don't Know	² □ No
⁴ ☐ Prefer not to answer	³ □ Don't Know
	4 Drofor not to answer
	⁴ ☐ Prefer not to answer
Birth control patch (Evra® or other)	Fieler flot to answer
r¹ ☐ Yes	76 Implant (Implanon® or Nexplanon®)
	76 Implant (Implanon® or Nexplanon®)
r¹	76 Implant (Implanon® or Nexplanon®) □ Yes
□ Yes □ No □ Prefer not to answer	76 Implant (Implanon® or Nexplanon®) 1 □ Yes 2 □ No
1 Yes 2 No 3 Prefer not to answer If yes, did you use this method the last time you had sex	76 Implant (Implanon® or Nexplanon®) □ Yes
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?	76 Implant (Implanon® or Nexplanon®) 1 Yes 2 No 3 Prefer not to answer
1 Yes 2 No 3 Prefer not to answer If yes, did you use this method the last time you had sex	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
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	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	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
1	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	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
1	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
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	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
1	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
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	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
1	Implant (Implanon® or Nexplanon®) Yes
1	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
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. Vaginal ring (Nuvaring® or other)	Implant (Implanon® or Nexplanon®) Yes
1	76 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 77 Male condoms 1 Yes 2 No
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. Vaginal ring (Nuvaring® or other) Yes 2 No No	Implant (Implanon® or Nexplanon®) Yes 2 No 3 Prefer not to answer
1	Implant (Implanon® or Nexplanon®) Yes
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. Vaginal ring (Nuvaring® or other) Yes 2 No 3 Prefer not to answer Prefer not to answer Prefer not to answer Prefer not to answer No 3 Prefer not to answer Pref	Implant (Implanon® or Nexplanon®) Yes 2 No 3 Prefer not to answer
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. Vaginal ring (Nuvaring® or other) Yes 2 No 3 Prefer not to answer If yes, did you use this method the last time you had sex	Implant (Implanon® or Nexplanon®) Yes 2
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. Yaginal ring (Nuvaring® or other) Yes 2 No 3 Prefer not to answer If yes, did you use this method the last time you had sex with a male?	Implant (Implanon® or Nexplanon®) Yes 2
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. Yaginal ring (Nuvaring® or other) 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 Yes	Implant (Implanon® or Nexplanon®)
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. Yaginal ring (Nuvaring® or other) Yes 2 No 3 Prefer not to answer If yes, did you use this method the last time you had sex with a male?	Implant (Implanon® or Nexplanon®) Yes 2
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. Yaginal ring (Nuvaring® or other) 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	Implant (Implanon® or Nexplanon®)
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. Yaginal ring (Nuvaring® or other) 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 3 Don't Know Yes 2 No 3 Don't Know Yes Yes 2 No 3 Don't Know Yes Ye	Implant (Implanon® or Nexplanon®)
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. Yaginal ring (Nuvaring® or other) 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	Implant (Implanon® or Nexplanon®)
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. Yaginal ring (Nuvaring® or other) 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 3 Don't Know Yes 2 No 3 Don't Know Yes Yes 2 No 3 Don't Know Yes Ye	Implant (Implanon® or Nexplanon®)
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. Yaginal ring (Nuvaring® or other) 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 3 Don't Know Yes 2 No 3 Don't Know Yes Yes 2 No 3 Don't Know Yes Ye	Implant (Implanon® or Nexplanon®)
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. Yaginal ring (Nuvaring® or other) 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 3 Don't Know Yes 2 No 3 Don't Know Yes Yes 2 No 3 Don't Know Yes Ye	Implant (Implanon® or Nexplanon®)
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. Yaginal ring (Nuvaring® or other) 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 3 Don't Know Yes 2 No 3 Don't Know Yes Yes 2 No 3 Don't Know Yes Ye	Implant (Implanon® or Nexplanon®)

70	Parrier methods (disphragm spange service) con	Other method
/6		
	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	Other method Yes, please specify the other method:
79		following forms of emergency contraception (contraception that you used <u>after</u> you had sex)?
	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	a. I used Plan B One-Step® (or a generic like Next Choice® or My Way®) and I got it over-the-counter b. I used Plan B One-Step® (or a generic like Next Choice® or My Way®) and I got it with a prescription c. I used Ella® (prescription-only emergency contraception) d. I had an IUD placed for emergency contraception (after unprotected sex) Prefer not to answer 3 1 2 3 3 4 2 3 3 4 2 3 3 4 2 3 3 4 4 4 4 4 4 4 4 4 4 4
80	Emergency contraception (morning after pill, also known as "Plan B" or Ella®) □¹□ Yes	Thinking about the past 3 months, about how often did you have sex with a male? By sex, we mean a penis was
	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	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
81	Partner's vasectomy (also known as male sterilization) Yes	If you are <u>not</u> currently taking a birth control method, please skip to Question 91. Do you use your health insurance to help pay for your birth control method? ' Yes ' No, I chose not to use my health insurance to pay for my birth control even though my insurance covers it No, my health insurance plan does not cover my birth control method ' N/A, I'm not using a prescription method of birth control The N/A, I don't have health insurance Prefer not to answer

86	How satisfied are you with your birth control i	method?		r use of your	birth con	trol method	d in the pas	t 3	
	¹ ☐ Very satisfied		1 7 0	'ampletely up	dor vour oo	ntrol			
	² ☐ Somewhat satisfied			completely und	-				
	³ ☐ Neither satisfied nor dissatisfied		I	omewhat und	-				
	⁴ ☐ Somewhat dissatisfied		I	leither under y			your control		
	⁵ ☐ Very dissatisfied		I	omewhat out	•				
	⁶ ☐ Prefer not to answer			lot at all unde	-	rol			
			- 6□P	refer not to ar	nswer				
87	How confident are you that you have been usi your method of birth control correctly for the months?			v many of yo			birth contro	ı	
	¹ ☐ Completely confident			lmost all of th	em				
	² ☐ Somewhat confident			lost of them					
	³ Neither confident nor not confident			bout half of th	em				
	⁴ □ Somewhat not confident		_	ess than half					
	5 Not at all confident			Imost none of					
	⁶ □ Prefer not to answer			on't Know					
				refer not to ar	nswer				
88	Switching your current birth control method a	nd using							
	another method of birth control in the next 3 r	months is:		v do you feel ne future?	about hav	ring a child	l now or so	metime	
	¹ ☐ Very likely				L				
	² Somewhat likely		 ¹ ☐ I don't want to have one ² ☐ I do want to have one, less than 12 months from now 						
	3 ☐ Neither likely nor unlikely								
	⁴ ☐ Somewhat unlikely⁵ ☐ Very unlikely			do want to ha ears from nov		tween 12 m	ionths and ie	ess than 2	
	G □ Prefer not to answer		1 '	do want to ha		tween 2 vea	ars to less th	an 5	
	Prefer not to answer			ears from nov			aro to 1000 tri		
			5 🔲 [do want to ha	ve one, five	e or more y	ears from no	w	
				do want to ha					
			I	on't Know	,				
			8 □ P	refer not to ar	nswer				
92	Please think about how you CURRENTLY feel	about the fo	llowing sta	tements:					
	Ticase tillik about now you converted feet		mownig star			Strongly	Not	Drofor not	
		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 contro	ol							
	or not, when it is your time to get pregnant, it will happen	1	2	3	4	5	6	7	
	b. Having a baby in the next year could mess up		_	_	_	_	_	_	
	my life	1	2	3	4	5	6	7	
	c. Getting pregnant would bring me and my	4.	2	2	4.	-	6	7	
	partner closer together	1	2	3	4	5	6	7	
	 d. Even though I'm not trying to get pregnant, I would be happy if it happened 	1	2	3	4	5	6	7	
	e. If I got pregnant in the next year, I would								
	consider having an abortion	1	2	3	4	5	6	7	
	f. Getting pregnant would make my partner hap	py ¹□	2	3	4	5	6	7	
	g. Every pregnancy is a blessing	1	2	3	4	5	6	7	
	h. If I got pregnant in the next year, I would be								
	excited	1	2	3	4	5	6	7	

93	How important is it to you to AVOID becoming pregnant now?		you have <u>not</u> given birth in the past 12 months, this is the end f the survey. Please go to page 19. Thank you.
	¹ ☐ Very important ² ☐ Somewhat important	100	Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant?
	³ ☐ Neither important nor unimportant		
	⁴ ☐ Somewhat unimportant		¹ ☐ I wanted to be pregnant later
			² ☐ I wanted to be pregnant sooner
	⁵ ☐ Not at all important		³ ☐ I wanted to be pregnant then
	6 ☐ Prefer not to answer		⁴ ☐ I didn't want to be pregnant then or at any time in the
			future
			⁵ ☐ I wasn't sure what I wanted
	SECTION I. PAST PREGNANCIES		⁶ □ Prefer not to answer
			I refer not to answer
94	In your lifetime, have you ever been pregnant?	101	When you got pregnant with your new baby, were you
	¹ ☐ Yes		trying to get pregnant?
	² □ No		¹ ☐ Yes → Skip to Question 104
	3 □ Don't Know		² □ No
	⁴ □ Prefer not to answer		³ Prefer not to answer
	- Prefer flot to allower		- 1 Total Hot to dillowor
	you have <u>never</u> been pregnant, this is the end of the survey. llease go to page 19. Thank you.	102	When you got pregnant with your new baby, were you or your partner doing anything to keep from getting pregnant?
95	In your lifetime, how many times have you been		
	pregnant (whether those pregnancies resulted in		¹☐ Yes → Skip to Question 104
	babies born alive, stillbirth, abortion, miscarriage, or		² □ No
	ectopic or tubal pregnancy)?		³ ☐ Prefer not to answer → Skip to Question 104
	number of pregnancies	103	What were the reasons you or your partner were not
	¹□ Don't Know	100	doing anything to keep from getting pregnant?
	² □ Prefer not to answer		Please check all that apply.
	- Prefer not to answer		
			¹☐ I didn't mind if I got pregnant
96)	Have you ever gotten pregnant when you were not		² I thought I could not get pregnant at that time
	planning or wanting to become pregnant (please		$^3 \square$ I had side effects from the birth control method I was using
	include pregnancies that ended in miscarriage or		⁴ ☐ I had problems getting birth control when I needed it
	abortion, in addition to births)?		⁵ ☐ I thought my partner or I was sterile (could not get
	¹ ☐ Yes		pregnant at all)
	² □ No		⁶ ☐ My partner didn't want to use anything
	³ ☐ Don't Know		⁷ ☐ I forgot to use a birth control method
	⁴ □ Prefer not to answer		⁸ ☐ Other reason, please specify:
	Troid not to answer		Cities reactors, product opening.
97	How many babies did you have that were born alive?		⁹ □ Prefer not to answer
			I refer not to answer
	number of babies		
	¹ □ 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
QQ	How many times have you had a miscarriage (lost a		get pregnant?
30	pregnancy by accident)?		¹ ☐ Yes
	programoy by decidenty.		² □ No
	number of miceogricans		³☐ Prefer not to answer
	number of miscarriages		- From the to another
	¹□ Don't Know		
	² ☐ Prefer not to answer	105	How did you feel when you found out you were pregnant with your new baby? Were you
99	Have you given birth in the past 12 months?		¹ ☐ Very unhappy to be pregnant
			² ☐ Unhappy to be pregnant
	¹☐ Yes		3 ☐ Neither happy nor unhappy
	² ☐ No		
	³ ☐ Prefer not to answer		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?	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☐ Insurance through current or former employer or union (by you or another family member) ²☐ Insurance purchased directly from an insurance company (by your or another family member) ³☐ Medicare (for people 65 and older or people with certain 		¹ □ Yes ² □ No ³ □ Don't Know ⁴ □ Prefer not to answer
	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	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?
	 TRICARE or other military health care, including VA health care Indian Health Service 		¹ ☐ Yes ² ☐ No ³ ☐ Prefer not to answer
	⁷ ☐ Any other type of health insurance or health coverage plan, please specify:	111	When your baby was born, did she/he weigh 5 ½ pounds or more?
	⁸ ☐ I did not have health insurance during my pregnancy ⁹ ☐ Don't Know ¹⁰ ☐ Prefer not to answer	:	 ¹☐ My baby weighed 5 ½ pounds or more ²☐ My baby weighed less than 5 ½ pounds ³☐ Prefer not to answer
	SECTION J. PRENATAL CARE	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)?
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	:	¹ ☐ Yes ² ☐ No ³ ☐ Don't Know ⁴ ☐ Prefer not to answer Did you start a new birth control method within 6 weeks
	infant's health, and any questions about the pregnancy. ¹☐ Yes ²☐ No → Skip to Question 110 ³☐ Prefer not to answer		after you gave birth? ¹□ Yes ²□ No 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		³☐ Prefer not to answer

14)	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
L	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
	4 ☐ Prefer not to answer 4 ☐ Implant (Implanon® or Nexplanon®) 5 ☐ Verinal ring (Newpring® or other)
	 ⁵ □ Vaginal ring (Nuvaring® or other) ⁶ □ Depo-Provera® (also called "the shot") ⁷ □ Birth control patch (Evra® or other)
	 Male condoms Natural family planning methods (also called calendar/rhythm method, cycle beads, basal body temperature)
	Barrier methods (diaphragm, sponge, cervical cap, female condom)
	11 ☐ Other method, <i>please specify:</i>
,	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
15	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:
	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

studies. Please note that if you choos	oing research study, you may be contacted in the future to participate in relet to participate in future studies, you will be compensated. However, you alwact purposes, please include your email and phone number below. If you e box below.	lways
Name:	Phone:	
Email:		
☐I do not wish to be contacted		
	Other interested participants	
	4 in your household who we could contact to participate in this study, pleas other women in the household between 18-44 or you do not wish to provio iate box below.	
First woman name:	Email:	
Second woman name:	Email:	
☐ I do not wish to provide their contact	t information	
☐ There are no other women age 18-	14 in household	
	Incentive	
If you were eligible and completed thi Would you like us to mail or email the	s survey, we will be sending you a \$10 Amazon gift code.	
□Mail □Email □Both		
If you selected for us to mail the gift of	ode to you, please provide an updated address if the one we mailed to is in	ncorrect.
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.