

Title X Patient Survey Wave 2

Interviewer Questions

INTERVIEWER INSTRUCTIONS: THE FIRST 3 QUESTIONS SHOULD BE FILLED OUT BY THE INTERVIEWER. THESE QUESTIONS ESTABLISH THE ELIGIBILITY OF THE PARTICIPANT.

I0. What time is it?
Date: _____
Time: _____

Approach. PLEASE APPROACH THE POTENTIAL RESPONDENT AND INVITE THEM TO PARTICIPATE.
How did the person approached react?
They were interested in participating
They declined to participate

I1. Is the respondent female and between ages 15-44 ?
Yes
No

QUALTRICS INSTRUCTIONS: IF I1 = NO THEN TERMINATE

I1b. Is the respondent at the clinic to receive care for herself?
Yes
No

QUALTRICS INSTRUCTIONS: IF I1b = NO THEN TERMINATE

I2. Did the respondent provide consent to participate?
Yes
No

**QUALTRICS NOTE IF I2=NO THEN SKIP TO O1. IF I2=YES PROCEED TO INTERVIEW (Q2)*

Pre-Visit Interview

*QUALTRICS NOTE: RESPONDENTS SHOULD GIVEN THE OPTION TO SKIP EVERY QUESTION WITHOUT PROVIDNG A RESPONSE

*QUALTRICS/INTERVIEW NOTE: IF PRE VISIT INTERVEIW ENDS PRIOR TO Q41 THEN BEGIN POST VISIT AT Q41.

Thank you for agreeing to participate in our survey!

Your responses will help us to better understand the issues facing women in Delaware.

If there are any questions you do not want to answer you can just skip them.

Q2. INTERVIEWER INSTRUCTION: WRITE DOWN THE SURVEY ID (LOCATED ON THE TOP LEFT OF THE INTERVIEW SCREEN) ON TWO POST-IT NOTES.

GIVE ONE TO THE SUBJECT AND POST ONE ON THE BACK OF THE TABLET. INFORM THE SUBJECT THAT THEY WILL NEED TO RETURN THE POST-IT TO YOU AFTER THEIR VISIT SO YOU CAN START THE POST VISIT INTERVIEW.

Q3. Why did you visit this clinic today? Check all that apply.
Regular Check-Up
Birth Control, Contraception, or Family Planning
Prenatal Care
Because I am sick or need advice about a particular health problem other than contraception or family planning
Other reason : _____

QUALTRICS INSTRUCTIONS: SKIP TO Q6 IF Q3 = BIRTH CONTROL OR PRENATAL CARE

Q4. To make sure we understand, while you are at the clinic today do you plan on getting help to avoid or delay pregnancy?
Yes
No

QUALTRICS INSTRUCTIONS: SKIP TO Q6 IF Q4 = YES

Q5. Did you come to the clinic today because you are trying to get pregnant?
Yes
No

Q6. Did you schedule an appointment in advance or did you walk-in?
I scheduled an appointment
I walked in.

Q8. In the last 12 months, how many times have you visited this clinic to get care for yourself? Do NOT count today.
I have not been to this clinic in the last 12 months
1 time
2 times
3 times
4 or more times

QUALTRICS: SKIP TO Q11 IF Q8 IS "I HAVE NOT BEEN" OR Q3 IS "BIRTH CONTROL" OR Q4 IS "YES" OR Q5 IS YES.

Q8b. Since January 1, 2018 have you been to THIS CLINIC to get help avoiding or delaying pregnancy?
Yes
No

QUALTRICS: SKIP TO Q11 IF Q8b = YES

Q8c. Since January 1, 2018 have you been to THIS CLINIC to get help getting pregnant?
Yes
No

[QUALTRICS INSTRUCTIONS: RANDOMIZE ORDER, KEEP OTHER LAST]

Q11. In the past 12 months, did you receive information about birth control methods from any of the following sources?
A friend, family member, or sexual partner

www.beyourownbaby.org
Twitter, Facebook, Instagram, or Snapchat
Other social media, online advertisements, Google, or other internet sources
Posters, Signs or Billboards
TV or Radio
Ads in the community such as bars, restaurants, or other local events
Print ads, such as in magazines, newspapers, and brochures
A nurse, doctor, or other health care provider
Social worker or community health worker
Any other place, please specify all that apply: _____
I have not heard about getting birth control from any source.

Q11b. In the past 12 months, did you receive information on any of the following birth control topics? Check all that apply.
Where you can go to get birth control methods
How much different birth control methods cost
What types of birth control methods are the most effective at preventing pregnancy
Information about a particular birth control method, such as how it is placed or how it works
Information about side effects
Other, please specify: _____
I have not received information on any of these topics.

The next few questions ask what you think about different birth control methods. This is not a test and there are no correct or incorrect answers. We just want to know what you think about these issues.

Q15. Which of these birth control methods have you heard of? Check all that apply.
Implant (Nexplanon or Implanon)
IUD or Intrauterine Device (ParaGard, Mirena, Liletta, Skyla, Kyleena)
The shot (Depo-Provera)

Birth Control Pills
I have not heard of any of these

QUALTRICS INSTRUCTIONS: SKIP TO Q17 IF IUD NOT CHECKED IN Q15

Q16. Which of these IUD brands have you heard of? Check all that apply.
ParaGard IUD
Mirena IUD
Liletta IUD
Skyla IUD
Kyleena IUD
I have not heard of any of these

Q17. True or false: You can get any birth control method that you want with only one office visit to a clinic or health care provider.
True
False
It depends on the type of birth control method you want
Don't Know

Q19. Do you know how YOU can get any of the following birth control methods for free (by FREE we mean you don't have to pay anything out-of-pocket)?			
	Yes	No	I'm not sure
Male condoms			
IUD (Mirena, Paragard, Skyla, Kyleena, or Liletta)			
Implant (Nexplanon)			
Depo-Provera (also called "the shot")			
NuvaRing (vaginal birth control ring)			
Birth control pills			

QUALTRICS INSTRUCTIONS: IN Q20 RANDOMIZE ORDERING OF ITEMS AND RANDOMIZE BETWEEN VERSION A AND VERSION B (DONE TO REDUCE AQUESENCE BIAS)

ONLY ASK ITEMS A-E IF CHECKED IUD IN Q15. ONLY ASK ITEMS F-I IF CHECKED IMPLANT IN Q15.

Q20A. Please select True or False for each of the following statements.			
	True	False	Don't Know
A) Women can use an IUD even if they've never had children.			
B) There is a type of IUD without hormones.			
C) If you use an IUD it might affect your ability to have a child in the future, even if you have the IUD taken out.			
D) Teenagers can use an IUD.			
E) The IUD cannot be removed early, even if a woman changes her mind about wanting to get pregnant.			
G) If you use an implant it might affect your ability to have a child in the future, even if you have your implant taken out.			
H) Teenagers can use an implant.			
I) The implant cannot be removed early, even if a woman changes her mind about wanting to get pregnant.			

Q20B. Please select True or False for each of the following statements.			
	True	False	Don't Know
A) Only women who have had children can use an IUD.			
B) Every type of IUD has hormones.			
C) Using an IUD will not affect your ability to have a child in the future, after you have the IUD taken out.			
D) Teenagers cannot use an IUD.			
E) The IUD can be removed early if a woman changes her mind about wanting to get pregnant.			
G) Using an implant will not affect your ability to have a child in the future, after you have the implant taken out.			
H) Teenagers cannot use an implant.			

I) The implant can be removed early if a woman changes her mind about wanting to get pregnant.			
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QUALTRICS INSTRUCTIONS: RANDOMIZE ORDERING OF STATEMENTS

ONLY ASK STATEMENT A, C, G, I IF IUD CHECKED IN Q15

ONLY ASK STATEMENT A, D, H if implant CHECKED IN Q15

ONLY ASK F IF SHOT CHECKED IN Q15

Q21. Please indicate how strongly you agree or disagree with the following statements, even if you've never used the method.	
A) It's a relief to have an IUD or implant that works without having to do anything.	<p style="text-align: center;"><u>Response Options:</u></p> <p style="text-align: center;"><u>Strongly Agree, Agree, Neither, Disagree, Strongly Disagree, Don't Know</u></p>
B) It is too much hassle to use a condom every time I have sex.	
C) My provider will remove my IUD whenever I decide I'd like it removed.	
D) My provider will remove my implant whenever I decide I'd like it removed.	
E) Mood swings become worse with hormonal birth control.	
F) Depo Provera ("the shot") has bad side effects such as weight gain and changes in menstrual cycle.	
G) IUDs are uncomfortable.	
H) Implants have bad side effects such as weight gain and irregular bleeding.	
I) IUDs have bad side effects such as weight gain and irregular bleeding.	

QUALTRICS INSTRUCTIONS: INCLUDE DROP DOWN MENU WITH 1-4, Randomize Ordering

**Q22. Which birth control method is the most effective in preventing pregnancy?
Please rank these methods from 1st (most effective) to 4th (least effective).**

The pill

IUD or implant

Male condoms

The shot (Depo-Provera)

The next few questions are about you. Many of the questions ask about your experience having sexual intercourse with males. By sexual intercourse we mean a penis was inserted into your vagina.

Q23. At any time in your life, have you ever had sexual intercourse with a male?

Yes

No

QUALTRICS INSTRUCTIONS: SKIP TO Q30 IF Q23= NO OR REFUSED

Q24. Thinking about the past 3 months, about how often did you have sex with a male? *By sex, we mean his penis was inserted in your vagina.*

About once a week or more

A few times a month

About once a month

Less than once a month

I did not have sex with a male in the past 3 months

DISPLAY IF Q24= I did not have sex with a male in the past 3 months

Q24b Did you have sex with a male in the last 12 months?

Yes

No

Q25. How many times have you been pregnant in your life (whether pregnancy resulted in babies born alive, stillbirth, abortion, miscarriage, or ectopic or tubal pregnancy)?

_____ #

QUALTRICS INSTRUCTIONS: SKIP TO Q29 IF Q25=0 OR Don't Know/Refuse

Q25B Have you ever gotten pregnant when you were not planning or wanting to become pregnant (please include pregnancies that ended in miscarriage or abortion, in addition to births)?
Yes
No

Q26. How many times have you ever had an abortion? (If you are having an abortion today, please count it.)
_____#

Q27. In your lifetime, how many babies did you have that were born alive?
_____#

Q28. How many times have you ever had a miscarriage?
_____#

QUALTRICS INSTRUCTIONS: SKIP TO Q29 IF Q25=0

Q29. Are you currently pregnant?
Yes
No
Don't Know

Q29b. Are you currently trying to get pregnant?
Yes
No
Don't Know

QUALTRICS INSTRUCTIONS: SKIP TO Q30 IF Q29 = NO OR DON'T KNOW

P1. When you got pregnant, were you trying to get pregnant?
Yes
No

Unsure

P2. When you got pregnant, were you or your husband or partner doing anything to keep from getting pregnant?
Yes
No *
Unsure

[*SKIP PATTERN: If NO →]

P3. What were the reasons you or your partner were not doing anything to keep from getting pregnant? Check all that apply.
I didn't mind if I got pregnant.
I thought I could not get pregnant at that time.
I had side effects from the birth control method I was using.
I had problems getting birth control when I needed it.
I thought my partner or I was sterile (could not get pregnant at all).
My partner didn't want to use anything.
I forgot to use a birth control method.
Other reason, please specify: ↳

P4. During the LAST 3 MONTHS, did your husband or partner say he didn't want you to be pregnant?
Yes
No
Unsure

P5. How happy are you to be pregnant?
Very Happy
Happy

Unhappy
Very Unhappy
Unsure

P6. After your current pregnancy ends how happy would you be if you got pregnant again in the next year?
Very Happy
Happy
Unhappy
Very Unhappy
Unsure

QUALTRICS INSTRUCTIONS: SKIP TO Q31 IF Q29 = YES

Q30. Has a doctor ever told you that you are infertile (can't get pregnant)?
Yes
No

QUALTRICS INSTRUCTIONS: SKP TO Q40 IF Q30 = YES

Q31. How do you feel about having a child now or sometime in the future?
I don't want to have one
I would like to have one in the next 12 months
I would like to have one between 12 and 24 months from now
I would like to have one between 2 and 5 years from now
I would like to have one in 5 or more years from now
I would like to have one, but I am not sure when
Unsure

QUALTRICS INSTRUCTIONS: SKP TO Q34 IF Q29 = YES

Q32. In the next year, how happy would you be if you got pregnant?
Very Happy

Happy
Unhappy
Very Unhappy
Unsure

Q32b. I would worry that having a baby in the next year would make it harder for me to achieve other things in my life.
Strongly Agree
Agree
Neither Agree or Disagree
Disagree
Strongly Disagree

The next few questions are about birth control methods you may have used at different times in your life.

QUALTRICS INSTRUCTIONS: FOR Q34, Q35, Q37 RANDOMIZE REPOSE OPTIONS, EXCEPT I DID NOT USE (WHEN PRESENT), OTHER, DON'T KNOW, WITHDRAL, and did not use a method (when present). FOR EACH OPTION PROVIDE YES AND NO OPTIONS.

Q34. Have you ever used any of these birth control methods, even if you have used the method only once?
Withdrawal (also called “pulling-out”)
Birth control pills
IUD (Mirena, Paragard, Skyla, Kyleena, or Liletta)
Implant (Implanon or Nexplanon)
Vaginal ring (NuvaRing or other)
Depo-Provera (also called “the shot”)
Birth control patch (Evra or other)
Male condoms
Natural family planning methods (also called calendar/rhythm method, cycle beads, basal body temperature)

Male sterilization (vasectomy)
Female sterilization (tubes tied or tubal ligation, Essure)
Barrier methods (diaphragm, sponge, cervical cap, female condom)
Emergency contraceptives
Other method, please describe: _____

QUALTRICS INSTRUCTIONS: SKIP TO Q34B IF IUD Checked "No" in Q34

Q34a. What are the reasons you have never used an IUD? Check all that apply.
I have never needed or wanted to use any form of birth control.
The cost was too high.
I take another form of birth control to treat an existing medical condition.
I was not familiar with this method.
It was not consistent with my beliefs (religious or otherwise).
To avoid negative side-effects.
I was uncomfortable requesting an IUD from a doctor or other medical provider.
I was concerned about the procedure for inserting or removing the IUD.
My provider has not discussed IUDs with me.
Other, please specify _____
Don't Know

QUALTRICS INSTRUCTIONS: SKIP TO Q35 IF IMPLANT Checked in Q34

Q34b. What are the reasons you have never used an implant? Check all that apply.
I have never needed or wanted to use any form of birth control.
The cost was too high.
I take another form of birth control to treat an existing medical condition.
I was not familiar with this method.
It was not consistent with my beliefs (religious or otherwise).
To avoid negative side-effects.
I was uncomfortable requesting an implant from a doctor or other medical provider.
I am concerned about the procedure for inserting or removing the implant.
My provider did not discuss implants with me.
Other, please specify _____

Don't Know

Q35. Do you <i>currently</i> use any of these birth control methods?
Withdrawal (also called "pulling-out")
Birth control pills
IUD (Mirena, Paragard, Skyla, Kyleena, or Liletta)
Implant (Nexplanon)
Vaginal ring (NuvaRing or other)
Depo-Provera (also called "the shot")
Birth control patch (Evra or other)
Male condoms
Natural family planning methods (also called calendar/rhythm method, cycle beads, basal body temperature)
Male sterilization (vasectomy)
Female sterilization (tubes tied or tubal ligation, Essure)
Barrier methods (diaphragm, sponge, cervical cap, female condom)
Emergency contraceptives
Other method, please describe: _____

QUALTRICS INSTRUCTIONS: SKIP TO Q36 IF Q35 = NO FOR ALL METHOD CHOICES

Q35b. Over the next 3 months, do you plan to quit using any of the methods that you currently use?
Yes
No

QUALTRICS INSTRUCTIONS: SKIP TO Q36 if Q35b = NO or Refuse

FOR Q35C: Please pipe in response options selected YES in Q35.

Q35c. Over the next 3 months, what birth control methods do you plan to QUIT using? Check all that apply.
Withdrawal (also called "pulling-out")
Birth control pills
IUD (Mirena, Paragard, Skyla, Kyleena, or Liletta)
Implant (Nexplanon)
Vaginal ring (NuvaRing or other)
Depo-Provera (also called "the shot")
Birth control patch (Evra or other)
Male condoms

Natural family planning methods (also called calendar/rhythm method, cycle beads, basal body temperature)
Male sterilization (vasectomy)
Female sterilization (tubes tied or tubal ligation, Essure)
Barrier methods (diaphragm, sponge, cervical cap, female condom)
Other method, please describe: _____

Q36. Over the next 3 months, do you plan to start using a new kind of birth control method?
Yes
No

QUALTRICS INSTRUCTIONS: SKIP TO Q38 IF 36 = NO

FOR Q35C: Please pipe in response options selected NO or left BLANK in Q35.

Q37. What new form(s) of birth control are you planning on using? Check all that apply.
Withdrawal (also called "pulling-out")
Birth control pills
IUD (Mirena, Paragard, Skyla, Kyleena, or Liletta)
Implant (Nexplanon)
Vaginal ring (NuvaRing or other)
Depo-Provera (also called "the shot")
Birth control patch (Evra or other)
Male condoms
Natural family planning methods (also called calendar/rhythm method, cycle beads, basal body temperature)
Male sterilization (vasectomy)
Female sterilization (tubes tied or tubal ligation, Essure)
Barrier methods (diaphragm, sponge, cervical cap, female condom)
Other method, please describe: _____

Q38. In the past 12 months, have you needed a birth control method, but couldn't afford it?
Yes
No

Q39A. In the past 12 months, have you delayed or had trouble getting the birth control method you wanted?
Yes
No

QUALTRICS INSTRUCTIONS: SKIP TO Q40 IF Q39A = NO

Q39B What are the reasons you delayed or had trouble getting the birth control method you wanted? Check all that apply.
I could not afford it.
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
The doctor, clinic, or pharmacy wasn't open when I could get there
Once I got to the doctor, clinic, or pharmacy the wait was too long to see someone
I didn't have transportation or a ride to the clinic/pharmacy
I was treated unfairly because of my race/ethnicity
I was treated unfairly because English is not my first language
I was treated unfairly because of my sexual orientation
I was treated unfairly because of my sexual activity or lifestyle
Any other reason, specify: _____

Q40a. In the past 12 months, was there any time when you needed health care for yourself, for any reason, but didn't get it?
Yes
No

QUALTRICS INSTRUCTIONS: SKIP TO Q41 IF Q40a = NO

Q40b. Why didn't you get health care for yourself? Check all that apply.
I could not afford it.
I did not know where to go.
It was too far away.
I could not get there when it was open
I could not get an appointment soon enough.
I did not have transportation.

I didn't have time to go.
I was worried that it wasn't covered under my insurance.
Some other reason, specify: _____

QUALTRICS INSTRUCTIONS: PLACE Q41 ON A NEW PAGE.

Q41. What is your age (in years)?
_____ years old

Q42. Are you of Hispanic, Latina, or Spanish origin?
Yes
No

Q43. Which of the following best describes your race? Check all that apply.
Black or African American
White
Asian or Asian American
Native American, Alaska Native, or American Indian
Native Hawaiian or Pacific Islander
Other, please describe: _____

Q44. Where were you born?
United States (including its territories: Puerto Rico, Guam, etc.)
Outside of the United States

Q45. Do you speak a language other than English at home?
Yes
No

QUALTRICS INSTRUCTIONS: SKIP TO Q47 IF Q45=NO

Q46. How well do you speak English?
Very well
Well
Not well
Not at all

Q47. What is your current marital status?
Now married
Divorced
Widowed
Separated
Never married

[QUALTRICS INSTRUCTIONS: SKIP TO Q49 IF Q47 = MARRIED]

Q48. Do you currently live with a romantic partner?
Yes
No

Q49. Would you say that in general your health is...
Excellent
Very Good
Good
Fair
Poor

Q50. Are you currently covered by any of the following types of health insurance?		
A. Insurance through a current or former employer or union (by you or another family member). This would include COBRA coverage	Yes	No
B. Insurance purchased directly from an insurance company (by you or another family member). This would include coverage purchased through an exchange or marketplace, such as Healthcare.gov	Yes	No
C. Medicare, for people 65 and older or people with certain disabilities	Yes	No
D. Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP) or any kind of state or government-sponsored assistance plan based on income or a disability. You may know this type of coverage as Diamond State Health or Delaware Healthy Children Program	Yes	No
E. TRICARE or military health care	Yes	No
F. VA (including those who have ever used or enrolled in VA health care)	Yes	No

G. Indian Health Service	Yes	No
H. Any other type of health insurance or health coverage plan – Specify: _____	Yes	No

Q51. What is the highest grade or year of school you have completed?
No formal education
Elementary or middle school (1 to 8 years)
Some high school (9 to 11 years)
High school graduate or GED (Received a high school equivalency diploma)
Some college/technical or vocational school/training after high school (not resulting in an Associate's degree)
Associate's degree
Bachelor's degree
Postgraduate degree/study

Q52. "Have you at any time IN THE LAST 3 MONTHS attended school or college?" <i>Include only schooling which leads to a high school diploma, or a college, graduate, or professional degree.</i>
Yes
No

Q53. Are you currently...
Working for pay at a job or business
Self-employed
Looking for work
Working, but not for pay, at a family-owned job or business
Not working and not looking for work

Q54. In studies like this, people are often grouped according to income. Approximately what was your household's income from all sources in 2017, before taxes? Your best estimate is fine.
\$ _____
Prefer not to answer.

[QUALTRICS INSTRUCTIONS: ONLY ASK Q55 IF Q54 DK/REF]

Q55. How about if I give you some categories? Would you say your household's income in 2017 was...
Less than \$10,000
\$10,000 to less than \$15,000
\$15,000 to less than \$20,000
\$20,000 to less than \$25,000
\$25,000 to less than \$35,000
\$35,000 to less than \$50,000
\$50,000 to less than \$75,000
\$75,000 or more

Q59. Counting yourself, how many people live in your household?
_____.

[QUALTRICS INSTRUCTIONS: SKIP TO Q61 IF Q59 = 1 OR DON'T KNOW]

Q60. How many of these people are under the age of 18?
_____.

Q61. What is the ZIP code of the place where you live most of the time?
_____.

[QUALTRICS INSTRUCTS SKIP IF Q63 = VALID VALUE]

Q62. What state do you live in, most of the time?
Delaware
Pennsylvania
New Jersey
Maryland
Virginia

Some other state, specify: _____

Q63. Did you live in the same place you live now 1 year ago?
Yes
No, I lived in a different place in Delaware
No, I lived in a different U.S. state outside of Delaware
No, I lived outside of the United States

QUALTRICS INSTRUCTIONS: SKIP TO STOP SIGN SCREEN IF Q23 IS NO

Q64. In your lifetime, has a sexual partner or someone you were dating or going out with...			
Told you not to use any birth control (like the pill, shot, ring, etc.)	Yes	No	Don't Know
Taken your birth control (like pills) away from you or kept you from going to the clinic to get birth control	Yes	No	Don't Know
Made you have sex without a condom so you would get pregnant	Yes	No	Don't Know
Taken off the condom while you were having sex, so you would get pregnant	Yes	No	Don't Know
Put holes in the condom or broken the condom on purpose so you would get pregnant	Yes	No	Don't Know

QUALTRICS INSTRUCTIONS: PLEASE PLACE THIS ON ITS OWN PAGE

Thank you! You can now hand back the tablet to interviewer. We will ask you some additional questions after you visit with the provider.

[INCLUDE STOP SIGN PICTURE]

IF Q30= YES (INFERTILE) OR Q34= Female sterilization (tubes tied or tubal ligation, Essure)

QUALTRICS INSTRUCTIONS: PLEASE PLACE THIS ON ITS OWN PAGE

Thank you for your help! Based on your answers we do not need to ask any follow-up questions after your visit. Please return the tablet to the interviewer to receive your thank you gift.

[INCLUDE STOP SIGN PICTURE]

SKIP TO 01 IF Q30= YES (INFERTILE) OR Q34= Female sterilization (tubes tied or tubal ligation, Essure)

Interviewer Questions

INTERVIEWER INSTRUCTION: Once you've gotten the tablet back please read the following questions:

I21. We would like to ask you a few more questions after your visit with the provider. It should only take about 10-15 minutes. Would that be okay?
Yes
No

[QUALTRICS INSTRUCTIONS: IF I21 = YES, SKIP TO POST VISIT]

I22. You could call us on the phone at a different time if that would be more convenient. Would that be okay?
Yes
No

QUALTRICS INSTRUCTIONS: SKIP TO I25 IF I22= NO

Great. Here is our card. On the back of this card I am writing your survey ID. You must have this survey ID with you when you call back or you will not be able to complete the survey. Please call us between 9:00 and 5:00pm Monday through Friday. After you complete the second half of the survey you will be provided directions on how to pick up your gift card or we will mail it to you.

INTERVIEWER INSTRUCTIONS: ENSURE THAT YOU HAVE WRITTEN DOWN THE SURVEY ID ON THE BREAK-OFF LOG.

IF THE SURVEY DID NOT TERMINATE BECAUSE, INFERTILE, STERILIZATION THEN:

Okay. When you fill out the second half of the survey we will give you instructions about how to obtain the thank you gift. Thank you for your help!

BREAK OFF SCRIPT

Thank you for your help! We understand that you are not able to finish the second part of the survey. Unfortunately, we are only authorized to give thank you gifts to those who complete both parts of the survey.

You may now return the tablet to the interview.

[QUALTRICS INSTRUCTIONS: SKIP TO 01 IF A BREAKOFF]

Post Visit Survey

INTERVIEWER INSTRUCTIONS: OBTAIN THE POST IT NOTE FROM THE SUBJECT AND ENSURE THAT THE NUMBER MATCHES THE SURVEY ID POSTED TO THE BACK OF THE TABLET. YOU MAY DISCARD BOTH POST-IT NOTES AFTER YOU CONFIRM THEY AGREE.

We will now ask you a few more questions about the visit you just had.

Q67. During your visit today, did anyone from the health center ask you if you would like to become pregnant in the next year?
Yes
No

QUALTRICS INSTRUCTIONS: SKIP TO Q69 if Q29=YES

Q68. Did you learn that you are pregnant during your visit?
Yes
No

QUALTRICS INSTRUCTIONS: SKIP TO Q69 IF Q68 = NO OR DON'T KNOW

P1. When you got pregnant, were you trying to get pregnant?
Yes
No
Unsure

P2. When you got pregnant, were you or your husband or partner doing anything to keep from getting pregnant?
Yes
No *
Unsure

[*SKIP PATTERN: If NO →]

P3. What were the reasons you or your partner were not doing anything to keep from getting pregnant? Check all that apply.
I didn't mind if I got pregnant.
I thought I could not get pregnant at that time.
I had side effects from the birth control method I was using.
I had problems getting birth control when I needed it.
I thought my partner or I was sterile (could not get pregnant at all).
My partner didn't want to use anything.
I forgot to use a birth control method.
Other reason, please specify: <div style="text-align: center;">↳</div>

P4. During the LAST 3 MONTHS, did your husband or partner say he didn't want you to be pregnant?
Yes
No
Unsure

P5. How happy are you to be pregnant?
Very Happy
Happy
Unhappy
Very Unhappy
Unsure

P6. After your current pregnancy ends how happy would you be if you got pregnant again in the next year?
Very Happy
Happy
Unhappy
Very Unhappy
Unsure

Q69. During your visit today, did anyone on the health center staff talk to you about birth control methods (also called contraception)?
Yes
No

QUALTRICS INSTRUCTIONS: SKIP TO Q73 IF Q69=YES OR DK/REF

Q70. Just so we understand, did anyone on the health center staff talk to you about any of these birth control methods? Check all that apply.
No. We did not talk about any of these methods.
Withdrawal (also called “the pull-out method”)
Birth control pills
IUD (Mirena, Paragard, Kyleena, Skyla, or Liletta)
Implant (Nexplanon)
Vaginal ring (NuvaRing or other)
Depo-Provera (also called “the shot”)
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)
Male sterilization (vasectomy)
Female sterilization (tubes tied or tubal ligation, Essure)
Emergency contraceptives
Other method, please describe: _____

QUALTRICS INSTRUCTIONS: SKIP TO Q74 IF Q70 IS POPULATED WITH A METHOD

Q71. Did you talk about preventing pregnancy?
Yes
No

QUALTRICS INSTRUCTIONS: SKIP TO Q73 IF Q71 IS YES

Q72. Did you talk about trying to get pregnant?
Yes

No

QUALTRICS INSTRUCTIONS: SKIP TO Q80 IF Q72 IS NO OR YES

QUALTRICS INSTRUCTIONS: FOR Q73 and Q76 and Q80 RANDOMIZE REPOSE OPTIONS, EXCEPT I DID NOT USE (WHEN PRESENT), OTHER, DON'T KNOW, WITHDRAL. FOR EACH OPTION PROVIDE YES AND NO OPTIONS.

Q73. Did you talk about any of these specific methods?
Birth control pills
Withdrawal (also called "the pull-out method")
IUD (Mirena, Paragard, Skyla, Kyleena, or Liletta)
Implant (Nexplanon)
Vaginal ring (NuvaRing or other)
Depo-Provera (also called "the shot")
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)
Male sterilization (vasectomy)
Female sterilization (tubes tied or tubal ligation, Essure)
Emergency contraceptives
Other method, please describe: _____

Q74. During your visit did you start or get a prescription for a new birth control method that you are not currently using?
Yes
No

QUALTRICS INSTRUCTIONS: SKIP TO Q76 IF Q74 = YES

Q75. Who would you say made this decision (not to start a new method today)?
I chose
The health care provider and I chose
The health care provider chose

Other, specify: _____

QUALTRICS INSTRUCTIONS: SKIP TO Q79 IF Q74=NO

Q76. What new method or methods did you start or get a prescription for? Check all that apply.
Withdrawal (also called "pulling-out")
Birth control pills
IUD (Mirena, Paragard, Skyla, Kyleena, or Liletta)
Implant (Nexplanon)
Vaginal ring (NuvaRing or other)
Depo-Provera (also called "the shot")
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)
Female sterilization (tubes tied or tubal ligation, Essure)
Emergency contraceptives
Other method, please describe: _____

Q77. Who would you say made this choice (for you to start this new method today)?
I chose
The health care provider and I chose
The health care provider chose
Other, specify: _____

Q78. How do you think your current or next male sexual partner would feel about your use of this method? Would your partner be...?
Very much against it
Somewhat against it
Neither for nor against it
Somewhat in favor of it
Very much in favor of it
Don't Know

Q79. Overall, how satisfied were you with your discussion about birth control methods with the health center staff and providers?
Very Satisfied
Satisfied
Neutral
Dissatisfied
Very Dissatisfied

QUALTRICS INSTRUCTIONS: FOR Q80 RANDOMIZE REPOSE OPTIONS, EXCEPT I DID NOT USE (WHEN PRESENT), OTHER, DON'T KNOW, WITHDRAL, Never had sex (when present) and did not use a method (when present). FOR EACH OPTION PROVIDE YES AND NO OPTIONS

Q80. Over the next 3 months, do you plan to use any birth control method?
Yes
No
Not sure

QUALTRICS INSTRUCTIONS: SKIP TO Q80B IF Q80=NO OR NOT SURE

Q80A. Over the next 3 months, which of the following birth control methods do you plan to use?
Withdrawal (also called "pulling-out")
Birth control pills
IUD (Mirena, Paragard, Skyla, Kyleena, or Liletta)
Implant (Nexplanon)
Vaginal ring (NuvaRing or other)
Depo-Provera (also called "the shot")
Birth control patch (Evra or other)
Male condoms
Natural family planning methods (also called calendar/rhythm method, cycle beads, basal body temperature)
Male sterilization (vasectomy)
Female sterilization (tubes tied or tubal ligation, Essure)
Barrier methods (diaphragm, sponge, cervical cap, female condom)
Emergency contraceptives
Other method, please describe: _____

QUALTRICS INSTRUCTIONS: SKIP TO Q80B IF Q80 = IUD

Q80B. What are the reasons you do <i>not</i> plan to use an IUD? Check all that apply.
I have never needed or wanted to use any form of birth control.
The cost is too high.
I take another form of birth control to treat an existing medical condition.
I am not familiar with this method.
It was not consistent with my beliefs (religious or otherwise).
To avoid negative side-effects
I am uncomfortable requesting an IUD from a doctor or other medical provider.
I am concerned about the procedure for inserting or removing the IUD.
My provider did not discuss IUDs with me.
I plan to be pregnant.
Other, please specify _____
Don't Know

QUALTRICS INSTRUCTIONS: SKIP TO Q81 IF Q80 = IMPLANT

Q80C. What are the reasons you do not plan to use an implant? Check all that apply.
I have never needed or wanted to use any form of birth control.
The cost is too high.
I take another form of birth control to treat an existing medical condition.
I am not familiar with this method.
It is not consistent with my beliefs (religious or otherwise).
To avoid negative side-effects
I am uncomfortable requesting an implant from a doctor or other medical provider.
I am concerned about the procedure for inserting or removing the implant.
My provider did not discuss implants with me.
I plan to be pregnant.
Other, please specify _____
Don't Know

The next few questions are about the main health care provider you saw today. The main health care provider is the nurse or doctor who took care of you today while you were at the clinic. You might have seen several different providers. Just think of the one you would consider your main health care provider.

Q84. Please indicate how strongly you agree or disagree with the following statements.	
The health care provider seemed considerate of my needs and puts them first.	Response Options: Strongly Agree, Agree, Neutral, Disagree Strongly Disagree, Don't Know
I trust this health care provider's judgments about my medical care.	
I feel this health care provider does NOT do everything she/he should about my medical care.	
This health care provider is well qualified to take care of medical needs like mine.	
I trust that this health care provider would tell me if a mistake was made about my care.	
I worry that this health care provider may not keep the information we discuss totally private.	
I trust this health care provider's judgments about providing me with accurate information on contraception.	

QUALTRICS INSTRUCTIONS: SKIP Q86 IF Q71=NO/DK

Q85. Please rate the main health care provider you saw today with respect to the following qualities	
Considered my personal situation when advising me about birth control.	Response Options: poor, fair, good, very good, excellent
Let me say what mattered to me about my birth control method.	
Worked out a plan for my birth control with me.	

Gave me enough information to make the best decision for my birth control method	
Answered all my questions.	

The next few questions ask what you think about different birth control methods. These are the same questions we asked you about before. This is not a test. We just want to know what you think about these issues and if anything changed during your visit.

QUALTRICS INSTRUCTIONS: ONLY ASK OPTIONS NOT CHECKED IN Q15

Q86. Which of these birth control methods have you heard of? Check all that apply.
Implant (Nexplanon)
IUD or Intrauterine Device (ParaGard, Mirena, Liletta, Skyla, Kyleena)
The shot (Depo-Provera)
Birth Control Pills
I have not heard of any of these

QUALTRICS INSTRUCTIONS: SKIP TO Q88 IF IUD NOT CHECKED IN Q86 OR Q15

Q87. Have you heard of any of these IUD brands? Check all that apply.
ParaGard IUD
Mirena IUD
Liletta IUD
Skyla IUD
Kyleena IUD
I have not heard of any of these

Q88. True or False: You can get any birth control method that you want with only one office visit to a clinic or health care provider.
True
False
It depends on the type of birth control method you want.

Q90. Do you know how YOU can get any of the following birth control methods for free (by FREE we mean you don't have to pay anything out-of-pocket)?			
	Yes	No	I'm not sure
Male condoms			
IUD (Mirena, Paragard, Skyla, Kyleena or Liletta)			
Implant (Nexplanon)			
Depo-Provera (also called "the shot")			
NuvaRing (vaginal birth control ring)			
Birth control pills			

QUALTRICS INSTRUCTIONS: IN Q91 RANDOMIZE ORDERING OF ITEMS AND RANDOMIZE BETWEEN VERSION A AND VERSION B (DONE TO REDUCE ACQUESCENCE BIAS)

ONLY ASK ITEMS A-E IF CHECKED IUD IN Q15 OR Q86. ONLY ASK ITEMS F-I IF CHECKED IMPLANT IN Q15.

Q91A. Please select True or False for each of the following statements.			
	True	False	Don't Know
A) Women can use an IUD even if they've never had children.			
B) There is a type of IUD without hormones.			
C) If you use an IUD it might affect your ability to have a child in the future, even if you have the IUD taken out.			

D) Teenagers can use an IUD.			
E) The IUD cannot be removed early even if a woman changes her mind about wanting to get pregnant.			
G) If you use an implant it might affect your ability to have a child in the future, even if you have your implant taken out.			
H) Teenagers can use an implant.			
I) The implant cannot be removed early if a woman changes her mind about wanting to get pregnant.			

Q91B. Please select True or False for each of the following statements.			
	True	False	Don't Know
A) Only women who have had children can use an IUD.			
B) Every type of IUD has hormones.			
C) Using an IUD will not affect your ability to have a child in the future, after you have the IUD taken out.			
D) Teenagers cannot use an IUD.			
E) The IUD can be removed early if a woman changes her mind about wanting to get pregnant.			
G) Using an implant will not affect your ability to have a child in the future, after you have the implant taken out.			
H) Teenagers cannot use an implant.			
I) The implant can be removed early if a woman changes her mind about wanting to get pregnant.			

QUALTRICS INSTRUCTIONS: RANDOMIZE ORDERING OF STATEMENTS

QUALTRICS INSTRUCTIONS: RANDOMIZE ORDERING OF STATEMENTS
 ONLY ASK STATEMENT A, C, G, I IF IUD CHECKED IN Q15

ONLY ASK STATEMENT A, D, H if implant CHECKED IN Q15

ONLY ASK F IF SHOT CHECKED IN Q15

<p>Q93. Please indicate how strongly you agree or disagree with the following statements, even if you've never used the method.</p>	
A) It's a relief to have an IUD or implant that works without having to do anything.	<p style="text-align: center;"><u>Response Options:</u></p> <p style="text-align: center;"><u>Strongly Agree, Agree, Neither, Disagree, Strongly Disagree, Don't Know</u></p>
B) It is too much hassle to use a condom every time you have sex.	
C) My provider will remove my IUD whenever I decide I'd like it removed.	
D) My provider will remove my implant whenever I decide I'd like it removed.	
E) Mood swings become worse with hormonal birth control.	
F) Depo Provera ("the shot") has bad side effects such as weight gain and changes in menstrual cycle.	
G) IUDs are uncomfortable.	
H) Implants have bad side effects such as weight gain and irregular bleeding.	
I) IUDs have bad side effects such as weight gain and irregular bleeding.	

QUALTRICS INSTRUCTIONS: INCLUDE Radio buttons WITH 1-4, Randomize Ordering

Q94. Which birth control method is the most effective in preventing pregnancy? Please rank these methods from 1st (most effective) to 4th (least effective).
The pill
IUD or implant
Male condoms
The shot (Depo-Provera)

Thank you! You can hand back the tablet to the interviewer to receive your thank you gift.

POST INTERVIEW OBSERVATIONS

INTERVIEWER INSTRUCTIONS:

The following questions should be filled out BY THE INTERVIEWER each time the interviewer attempts to recruit the respondent, regardless if the respondent consents to the interview.

QUALTRICS INSTRUCTIONS: SKIP TO 02 if I2=YES

QUALTRICS INSTRUCTIONS: SKIP TO 09 IF I2=NO

01. Was the interview terminated before the pre or post survey were completed by the interviewee? In other words, they needed to stop early and you had to click through to an end point for the survey.
Yes
No
Not Applicable

05. Please describe the location of the interview
Waiting room
Exam room
Other, specify:

07. Was the interview space private? By private we mean the interview took place in a space where the respondent would

not be heard by anyone other than the interviewer if they spoke at a normal conversational volume.
Yes
No
Don't Know

08. How did the respondent choose to complete the interview?
They will fill it out themselves
Interviewer reads and inputs the answers.

09. What is your full name? (The Interviewer)

010. What date/time is it?
Date: _____
Time: _____

011. Which of these clinics are you at?
Westside Family Healthcare
La Red Health Center
Children and Families First
Planned Parenthood of DE
Delaware State University Health Clinic
Family Wellness Center/ Delaware Families First
A State Service Center

012. What specific location?

We thank you for your time spent taking this survey. Your response has been recorded.