Delaware in SURVEY OF ALLA VOICEN



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.

Right Way

9399

Wrong Way

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

Researchers at NORC at the University of Chicago are asking for your help with an important study about women's health. The information you provide will help researchers better understand the methods of birth control that women use and how they feel about those methods. We will also ask about your experiences receiving reproductive healthcare and other issues related to your health and well-being.

Some topics may be sensitive for you, and you can decline to answer any question. The survey takes about 15 minutes to complete. Participation is voluntary and you may skip any questions you don't wish to answer. If you are eligible and complete the survey, we will offer you an additional \$10 gift code to your choice of Amazon, Target or Walmart. If you have questions about your rights as a survey participant before starting the survey, you may call the NORC Institutional Review Board Administrator (toll-free) at 1-866-309-0542.

The information you provide will be used by the research team for statistical purposes only. We will do our very best to protect the confidentiality of all the information we collect from you and we will not disclose your information to third parties. However, no one can guarantee complete confidentiality for data sent over the Internet. The data you provide will be stored in secure computers with password protections and only authorized members of the research team will have access to the data.

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

1-877-396-4064

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.

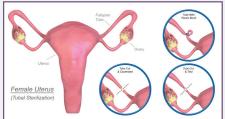
Birth control patch (Evra® or other)



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



Female sterilizing operation



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®".

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.

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 (3-6 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.

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 may 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 her 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 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 B. GENERA	LH	ΙΕΑ	LTH	I	6	In the past 12 months, was there any time when you wanted health care for yourself, for any reason, but didn't get it?
3	W	ould you say that in general your h	ıealt	h is	?			¹ Yes
	1 🔲	Excellent					1	² □ No → Skip to Question 8
		Very good Good						³☐ Prefer not to answer → Skip to Question 8
	4 <u> </u>	Fair Poor					7	Why didn't you get health care for yourself? Please check all that apply.
4	In ca ind vis	Prefer not to answer the past 12 months, have you rece re or health care? Please include and eluding urgent care, ER visits, routine its with a specialist (e.g., gynecologis ctor).	II me	dical tor vi	care sits, ai			 I was concerned about exposure to COVID-19. The place I usually go was closed because of COVID-19. I couldn't afford it. I didn't know where to go. The place where I got care was too far away. I could not get there when it was open. I could not get an appointment soon enough.
		No → Skip to Question 6						⁸ ☐ I did not have transportation.
		Prefer not to answer Skip to G	Ques	tion 6	6			⁹ ☐ I didn't have time to go.
		•					1	¹⁰ ☐ I didn't have insurance.
5		the past 12 months, have you rece health care from any of the follow				are		 I was unsure about how much of the care would be covered under my insurance. Some other reason why
					David	Prefer		Please specify why:
				No	Don't Know	not to answer		
		Westside Family Healthcare Delaware State University Health	_	2	3	4	1	¹³ ☐ Prefer not to answer
		Clinic	1	2	3 🗀	4	8	In the past year, has the COVID-19 (coronavirus)
		La Red Health Center	_	2 2	3	4 4		pandemic affected you in any of the following ways?
		Planned Parenthood of Delaware Henrietta Johnson Medical Center	1	2 2	3 3	4		Please respond Yes or No for each event. More than one YES response is possible.
		Family Wellness Center/Delaware Families First	1	_	3	4		Prefer
	g.	Delaware State University Student Health Services	1	2	3	4		a. I, a partner, a dependent or close 1 □ 2 □ 3 □
	h.	A school based health clinic	1	2	3	4		family member was diagnosed with, or
	i.	Edward W. Pyle State Service Center	1	2	3	4	k	suspected to have contracted, COVID-19 b. I, a partner, a dependent or close family 1 2 3 member experienced a reduction in hours
	j.	Thurman Adams State Service Center (formerly the Georgetown State Service Center)	1	2	3	4		worked or lost a job due to COVID-19 reasons
	k.	Milford Riverwalk State Service Center	1	2	3	4		c. I had to delay, cancel or skip visiting my 1 2 3 doctor or clinic for sexual or reproductive health care due to COVID-19 reasons
	I.	Anna C. Shipley State Service Center	1	2	3	4		d. I was unable to get, or delayed in getting, 1 2 3 my birth control method due to COVID-19 reasons

SECTION C. PAST BIRTH CONTROL USE

The next few questions are about using birth control. Birth control refers to ALL the different methods for preventing pregnancy, including condoms, birth control pills, Depo-Provera (the shot), IUDs, implants, and non-prescription methods like withdrawal or "pulling out." It also includes permanent methods like sterilization (tubes tied, hysterectomy, or vasectomy) and other methods you might use, even if you used them for reasons other than to prevent pregnancy.

	even if you have used the method only once?								
	9 Withdrawal (also called "the pull-out method")								
	1 Yes 2 No 3 Don't Know 4 Prefer not to answer								
	Birth control pills Please mark YES even if you are/were taking birth control pills for reasons other than to prevent pregnancy.								
	1 Yes 2 No 3 Don't Know 4 Prefer not to answer								
(Birth control patch (Evra® or other)								
	1 ☐ Yes 2 ☐ No 3 ☐ Don't Know 4 ☐ Prefer not to answer								
(Vaginal ring (Nuvaring® or other)								
	1 Yes 2 No 3 Don't Know 4 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 ever used any of these birth control methods, even if you have used the method only once?

IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®)
— 1 ☐ Yes
r ²□ No
³☐ Don't Know
⁴ ☐ Prefer not to answer
If no, what is the primary reason you have never used an IUD?
¹ ☐ The cost is too high
$^2\square$ I am not familiar with this birth control method
³ ☐ Due to my beliefs (religious or otherwise)
⁴ ☐ To avoid negative side effects
5 I am not comfortable requesting an IUD from my doctor
⁶ I am concerned about the procedure for inserting or removing the IUD
⁷ ☐ My provider did not discuss IUDs with me
8 I want control over when and whether to use the method
⁹ ☐ Other, please specify:
¹⁰ ☐ Prefer not to answer
If yes, what IUD have you used?
Please check all that apply.
¹☐ Liletta® (hormonal IUD used for up to 6 years)
² Mirena® (hormonal IUD used for up to 5 years)
³ ☐ Skyla® (hormonal IUD used for up to 3 years)
⁴ Paragard [®] (non-hormonal IUD used for up to 10 years, also called the "copper IUD")
⁵ ☐ Kyleena® (hormonal IUD used for up to 5 years)
6 □ Don't Know
⁷ ☐ Prefer not to answer
If yes, in what month and year did you last have an IUD inserted? If you cannot remember exactly, please give your best estimate.
Month: Year:
¹☐ Don't Know
² ☐ Prefer not to answer
If yes, if you are no longer using that IUD, in what month and year did you have it removed or was it expelled? If you cannot remember exactly, please give your best estimate.
Month: Year:
¹ ☐ I am still using that IUD
² ☐ Don't Know
³ ☐ Prefer not to answer
If yes, did you ever feel pressured by a medical provider to keep in the IUD that you were last using or are still
using?
¹ ☐ Yes
² □ No
³ ☐ Prefer not to answer

	cap, female condom)
5 Implant (Implanon® or Nexplanon®)	¹ ☐ Yes
r ¹ ☐ Yes	² □ No
rc2 No	3 ☐ Don't Know
³ □ Don't Know	⁴ ☐ Prefer not to answer
4□ Prefer not to answer	
If no, what is the primary reason <u>you have never used</u> an implant?	Natural family planning methods (also called calendar/rhythm method, cycle beads, basal body temperature).
¹ ☐ The cost is too high	¹ ☐ Yes
2 ☐ I am not familiar with this birth control method	² □ No
³ ☐ Due to my beliefs (religious or otherwise)	³ ☐ Don't Know
⁴ ☐ To avoid negative side effects	⁴ ☐ Prefer not to answer
⁵ ☐ I am not comfortable requesting an implant from my	
doctor $^6\Box$ I am concerned about the procedure for inserting or	Emergency contraception (morning after pill, also known as "Plan B" or Ella®)
removing the implant	¹ ☐ Yes
⁷ ☐ My provider did not discuss implants with me	2
⁸ ☐ I want control over when and whether to use the	³ □ Don't Know
method	⁴ □ Prefer not to answer
⁹ ☐ Other, please specify:	Trotor not to unowor
	20 Partner's vasectomy (also known as male sterilization)
10 ☐ Prefer not to answer	
If yes, in what month and year did you last have an	¹□ Yes
Implant inserted? If you cannot remember exactly, please	² ☐ No
give your best estimate.	³☐ Don't Know
	⁴ ☐ Prefer not to answer
Month: Year:	
¹☐ Don't Know	Any other method not mentioned previously
² Prefer not to answer	¹ ☐ Yes, please specify the other method:
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot	
remember exactly, please give your best estimate.	² □ No
	³ ☐ Don't Know
Month: Year:	⁴ ☐ Prefer not to answer
¹ ☐ I am still using that Implant	
² ☐ Don't Know	In the past 12 months, have you needed a birth control
³☐ Prefer not to answer	method, but couldn't afford it?
If yes, did you ever feel pressured by a medical provider	¹□ Yes
to keep in the implant that you were last using or are still	¹ ☐ Yes ² ☐ No
to keep in the implant that you were last using or are still using?	² □ No
to keep in the implant that you were last using or are still using? $^1\Box$ Yes	
to keep in the implant that you were last using or are still using?	 No ³ □ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any
to keep in the implant that you were last using or are still using? ¹□ Yes ²□ No	 No ⇒ Prefer not to answer In the past 12 months, have you delayed or had trouble
to keep in the implant that you were last using or are still using? 1 Yes 2 No 3 Prefer not to answer Male condoms	 No ³ □ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any
to keep in the implant that you were last using or are still using? 1 Yes 2 No 3 Prefer not to answer Male condoms 1 Yes	 No ³ ☐ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason?
to keep in the implant that you were last using or are still using? 1	 No Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? Yes
to keep in the implant that you were last using or are still using? 1 Yes 2 No 3 Prefer not to answer Male condoms 1 Yes 2 No 3 Don't Know	 2 □ No 3 □ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 □ Yes 2 □ No → Skip to Question 25 on Page 8
to keep in the implant that you were last using or are still using? 1	 2 □ No 3 □ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 □ Yes 2 □ No → Skip to Question 25 on Page 8
to keep in the implant that you were last using or are still using? 1 Yes 2 No 3 Prefer not to answer Male condoms 1 Yes 2 No 3 Don't Know	 2 □ No 3 □ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 □ Yes 2 □ No → Skip to Question 25 on Page 8
to keep in the implant that you were last using or are still using? 1 Yes 2 No 3 Prefer not to answer Male condoms 1 Yes 2 No 3 Don't Know	 2 □ No 3 □ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 □ Yes 2 □ No → Skip to Question 25 on Page 8
to keep in the implant that you were last using or are still using? 1 Yes 2 No 3 Prefer not to answer Male condoms 1 Yes 2 No 3 Don't Know	 2 □ No 3 □ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 □ Yes 2 □ No → Skip to Question 25 on Page 8
to keep in the implant that you were last using or are still using? 1 Yes 2 No 3 Prefer not to answer Male condoms 1 Yes 2 No 3 Don't Know	 2 □ No 3 □ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 □ Yes 2 □ No → Skip to Question 25 on Page 8
to keep in the implant that you were last using or are still using? 1 Yes 2 No 3 Prefer not to answer Male condoms 1 Yes 2 No 3 Don't Know	 2 □ No 3 □ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 □ Yes 2 □ No → Skip to Question 25 on Page 8

		L					
24	Why did you delay or have trouble getting the birth control method that you wanted? Please check all that apply.	27a	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				
	 ¹ □ COVID-19 made it difficult. ² □ I couldn't afford it. 		is needed - Ever had a pap smear - Diagnosed with breast cancer in the past 10 years				
	³ ☐ I didn't have health insurance.		- Diagnosed with breast cancer in the past to years				
	⁴ ☐ My health insurance doesn't cover the method I want.						
	⁵ ☐ I couldn't get through to a doctor, clinic, or pharmacy on		Enter number between 0-3				
	the telephone.		1 □ Don't Know				
	⁶ ☐ Once I got to the doctor, clinic, or pharmacy the wait was too long to see someone.		² ☐ Prefer not to answer				
	⁷ ☐ I didn't have transportation or a ride to the clinic/pharmacy	27b					
ΙГ	^{■8} ☐ I was treated unfairly.		these have you personally experienced? You don't				
Н	⁹ ☐ Other, please specify:		need to say which ones, just how many Ever used a birth control method (such as: pills, an IUD or				
Н			implant, condoms, or the shot)				
Н	10 C D C 11		- Had an abortion (ended a pregnancy on purpose) in the				
Н	¹⁰ ☐ Prefer not to answer		past 5 years				
-	How were you treated unfairly? I was treated unfairly Please check all that apply.		 Had a tubal or ectopic pregnancy in the past year Ever had your blood pressure measured 				
	¹ ☐ Because of my race/ethnicity		Enter number between 0.4				
	² ☐ Because English is not my first language		Enter number between 0-4				
	³ ☐ Because of my sexual orientation		1 □ Don't Know				
	⁴ ☐ Because of my sexual activity or lifestyle		² ☐ Prefer not to answer				
	⁵ ☐ Because of my gender presentation						
	⁶ ☐ Other, please specify:		SECTION E. DEMOGRAPHICS				
			SECTION E. DEMOGRAPHICS				
	7.00						
	⁷ □ Prefer not to answer	Now we would like to ask you a few questions about your background.					
	SECTION D. SOURCES OF MEDICAL CARE INFORMATION	28	What is the highest degree or level of school you have completed?				
			¹ ☐ Never attended school or only attended kindergarten				
25	Do you know how YOU can get any of the following		² ☐ Grades 1 through 8 (Elementary)				
	birth control methods for free (by FREE we mean you		³ ☐ Grades 9 through 11 (Some high school)				
	don't have to pay anything out-of-pocket)?		⁴ ☐ Grade 12 or GED				
	n.c.		⁵ ☐ Some college, no degree				
	Prefer not to		⁶ ☐ Associate's degree				
	a. Male condoms Yes No answer 1 □ 2 □ 3 □		⁷ ☐ Bachelor's degree (for example: BA, AB, BS, BBA)				
			⁸ ☐ Master's degree				
	 b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, ¹☐ ²☐ ³☐ or Kyleena®) 		⁹ ☐ Professional degree beyond a bachelor's degree				
	c. Implant (Implanon® or Nexplanon®) 1 2 3		¹⁰ ☐ Doctorate degree				
	d. Depo-Provera® (also called "the shot") 1 □ 2 □ 3 □		¹¹ ☐ Prefer not to answer				
	e. Birth control pills						
	f. NuvaRing® (vaginal birth control ring) 1 2 3	29	Where were you born?				
			¹ United States				
	g. Other method, please specify:		(including its territories: Puerto Rico, Guam, etc.)				
			² ☐ Outside of the United States				
			³☐ Prefer not to answer				
26	True or False. You can start any method of birth control						
	that you want <u>during one office visit</u> to a clinic.	30	Are you of Hispanic, Latina, or Spanish origin?				
	¹ ☐ True		,				
	² ☐ False		¹ ☐ Yes				
	³ ☐ It depends on the type of birth control method		² ☐ No				
	4 ☐ Don't Know		³ Prefer not to answer				
	⁵ ☐ Prefer not to answer						

_			
31	Which one or more of the following would you say is your race?	37	In the PAST 12 MONTHS, did you leave a job or school because? Please check all that apply
	¹ ☐ Black or African American		¹ ☐ COVID-19 (Coronavirus)
	² White		² ☐ I became pregnant
	³ ☐ Asian or Asian American		³ ☐ I had to take on parenting or other care-giving
	⁴ ☐ Native American, Alaska Native, or American Indian		responsibilities
	⁵ ☐ Native Hawaiian or Pacific Islander		⁴ ☐ I left for some other reason
	⁶ ☐ Other, please describe:		$^{5}\square$ I have not left a job or school in the past 12 months
	· 1	1	⁶ ☐ Prefer not to answer
	⁷ □ Prefer not to answer	38	to the income shared by an entire household. Thinking
32	What is your current marital status?		about your household's income from all sources in 2020, what was the approximate income earned by
	¹ ☐ Now married		everyone, before taxes? Your best guess is fine. If you are a student, please include the household income where
	² ☐ Widowed		you currently live even if that includes a dorm room or
	³ ☐ Divorced		apartment that you rent only during the school year.
	⁴ ☐ Separated		
	5 □ Never married		\$
	⁶ □ Prefer not to answer	١.	□ Don't Know
		- 1 [
33	Do you currently live with a romantic partner?		→ 2 □ Prefer not to answer
	bo you currently live with a romantic partier:	١, ١	What if you had some categories? Would you say your
	¹ ☐ Yes		household's income in 2020 was
	² ☐ No		¹ ☐ Less than \$10,000
	³ ☐ Prefer not to answer		² ☐ \$10,000 to less than \$15,000
			³ ☐ \$15,000 to less than \$20,000
34	Which of the following best represents how you think		⁴ □ \$20,000 to less than \$25,000
	about yourself?		⁵ ☐ \$25,000 to less than \$30,000
	¹ Lesbian or Gay		⁶ ☐ \$30,000 to less than \$35,000
			⁷ ☐ \$35,000 to less than \$40,000
	² ☐ Straight, that is, not lesbian or gay ³ ☐ Bisexual		⁸ ☐ \$40,000 to less than \$50,000
			⁹ □ \$50,000 to less than \$60,000
	⁴ ☐ Something else		¹⁰ □ \$60,000 to less than \$75,000
	5 Don't Know		¹¹ □ \$75,000 to less than \$100,000
	⁶ □ Prefer not to answer		¹² ☐ \$100,000 to less than \$150,000
			¹³ ☐ \$150,000 or more
35	At any time IN THE LAST 3 MONTHS, have you		¹⁴ ☐ Don't Know
	attended school or college? Include only schooling which leads to a high school diploma, or a college, graduate, or		¹⁵ ☐ Prefer not to answer
	professional degree.		
		39	Now, please consider just yourself. During the past 12
	¹ ☐ Yes		MONTHS, did YOU receive any income from wages,
	² □ No		salary, commissions, bonuses, or tips?
	³ ☐ Prefer not to answer		¹□ Yes
			² ☐ No → Skip to Question 42 on Page 10
36	Are you currently? Please check all that apply		³ ☐ Prefer not to answer → Skip to Question 41 on Page 10
	¹ ☐ Employed for wages		_ · · · · · · · · · · · · · · · · · · ·
	²□ Self-employed	40	What was the total amount of income YOU received
	³ ☐ A student	4	for the PAST 12 MONTHS? Please report the amount you
	⁴ ☐ Out of work for 1 year or more		earned before taxes were taken out. Your best guess is
	5 ☐ Out of work for less than 1 year		fine.
	6 ☐ A Homemaker		
			\$
1	7 □ Potirod		
	7 ☐ Retired		¹ □ Don't Know
	⁸ ☐ Unable to work		
			¹ □ Don't Know ² □ Prefer not to answer
	⁸ ☐ Unable to work		
	⁸ ☐ Unable to work		

During the PAST 12 MONTHS, how many hours did you usually work each WEEK? How many your house				
	y children less than 1 sehold?	8 years of	age live	in
Hours per week	umber of children			
¹□ Don't Know	now			
² ☐ Prefer not to answer	not to answer			
42 In the next set of questions, we'd like to ask about your 45 Did you li	ve in this house or ap	artment 1	year ag	o?
current living situation. Is the house, apartment, or	-		, ,	
, ,	Skip to Question 47		tin Dal	
¹ U Owned by you or someone in this household with a	ed in a different house			
state	ed in a different house	or apartme	ent in and	otner
² ☐ Owned by you or someone in this household free and	ed in a different house	or anartme	ent outsid	le of the
United		or apartirio	one outore	10 01 1110
³ ☐ Rented 5 ☐ Prefer r	not to answer			
4 ☐ Occupied without payment of rent				
	been living or staying than 2 months?	g at your c	urrent a	ddress
1 Yes				
Including you, how many people live or stay at this address? 1 □ Yes 2 □ No				
³□ Prefer r	not to answer			
Number of people				
¹□ Don't Know				
²☐ Prefer not to answer				
SECTION F.				
REPRODUCTIVE HEAL	.TH			
In the next section, we'd like to learn more about your reproductive health.				
47 Are you currently covered by any of the following types of health insurance	9?			
	e?			
	e? Yes	No	Don't Know	Prefer not to answer
	Yes	No 2□	Don't Know	
Are you currently covered by any of the following types of health insurance a. Insurance through current or former employer or union (by you or another far This would include COBRA coverage	Yes mily member). 1□		Know	to answer
Are you currently covered by any of the following types of health insurance a. Insurance through current or former employer or union (by you or another far This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another)	Yes mily member). 1□		Know	to answer
Are you currently covered by any of the following types of health insurance a. Insurance through current or former employer or union (by you or another fair This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another member). This would include coverage purchased through an exchange or member.	Yes mily member). 1□	2	Know 3	to answer
a. Insurance through current or former employer or union (by you or another fair This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another member). This would include coverage purchased through an exchange or member as Healthcare.gov	Yes mily member). family narketplace,	2	3 3 3	to answer 4 4 4
 Are you currently covered by any of the following types of health insurance a. Insurance through current or former employer or union (by you or another far This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another member). This would include coverage purchased through an exchange or m such as Healthcare.gov c. Medicare, for people 65 and older or people with certain disabilities 	Yes mily member). family narketplace,	2	3 3 3 3 3 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3	to answer 4 4 4 4 4
a. Insurance through current or former employer or union (by you or another fair This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another member). This would include coverage purchased through an exchange or member as Healthcare.gov	Yes mily member). 1 family 1 narketplace, 1 n (CHIP) or any 1	2	3 3 3	to answer 4 4 4
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_		L									
48	Did you have health insurance during all of the past 12 months? ¹□ Yes → Skip to Question 50	51	a d	loc eck	t how long tor or othe cup? A rou	er health utine che	<mark>care pro</mark> ckup is a	vider fo genera	o <mark>r a ro</mark> ll physic	utine cal exa	am,
	² ☐ No ³ ☐ Prefer not to answer		1 1	Wit Wit	hin the pas	st year (a st 2 years	nytime le s (1 year	ess than but less	12 mo	nths a	ago)
49	For how many of the past 12 months were you WITHOUT health insurance?		4 🔲 🤅	5 o	hin the pas r more yea	-	s (2 year	s but les	s than	5 yea	rs ago)
	¹ □ Less than 1 month ² □ 1 to 3 months		_	Do	ver n't Know efer not to a	ınswer					
	 ³ ☐ 4 to 6 months ⁴ ☐ 7 to 12 months ⁵ ☐ Prefer not to answer 	52			e past 12 n healthcar			u gone	to a do	octor	or
50	Do you have at least one person or place you think of as your personal doctor or health care provider?							Y	es No	Don't Know	
	¹ ☐ Yes ² ☐ No			pr m	method of escription f ethod	or a birth	control	_	2	3	4
	³ ☐ Prefer not to answer		b.		check-up o using birth			ated ¹┌	2	3	4
				Co bii	ounseling o	r informa	ation abo	out 1	2	3	4
			d.	ca	doctor, nur ire providei ant to beco	asked y	ou if you	ne		2	4.
					ext year	44			2 2	3	4
				Α	pregnancy general G\ omen's visi	'N check	-up (ann	ual 1	2 2	3 3	4
	you have not gone to a doctor or other healthcare provider in the kip to Question 54 on Page 12. Otherwise, continue to Question Please rate the healthcare provider you saw most recently	53.									please
Γ											
	a. Respecting me as a person		Po	or	Fair 2□	Good 3□	Very Good ⁴	Exceller	t Kno	ow to	refer not answer
	b. Letting me say what mattered to me about my birth control method		1		2	3	4	5	6]	7
	c. Taking my preferences about my birth control seriously		1		2	3	4	5	6]	7
	 d. Giving me enough information to make the best decision about my birth control method 		1		2	3	4	5	6]	7
	e. Keeping information about me and my care private		1		2	3	4	5	6]	7
	f. Having translation available when I want/need it		1		2	3	4	5	6]	7

	Extremely	Somewhat	Not at all	Don't Know	Prefer n to answ
I can stop using the birth control method at any time	1	2	3	4	5
I can get pregnant immediately after I stop using it	1	2	3	4	5
The method is affordable	1	2	3	4	5
The method is easy to use	1	2	3	4	5
I don't have to remember to use the method each time I have					
sex	1	2	3	4	5
I use the method only when I am going to have sex	1	2	3	4	5
The method is easy for me to get	1	2	3	4	5
I can get it without seeing a doctor or going to a clinic	1	2	3	4	5
The method has few or no side effects	1	2	3	4	5
The method doesn't detract from my sexual enjoyment	1	2	3	4	5
The method does not detract from my partner's sexual enjoymen	t ¹□	2	3	4	5
The method has a health benefit	1	2	3	4	5
. The method protects against sexually transmitted infections	1	2	3	4	5
The method does not change my menstrual periods	1	2	3	4	5
The method is very effective at preventing pregnancy	1	2	3	4	5
. I am responsible for using the method and not my sexual partner	1	2	3	4	5
I have control over when and whether to use the method	1	2	3	4	5
No one can tell that I am using the method	1	2	3	4	5
ave you had a female sterilizing operation such as abal sterilization (also called getting "getting your abes tied" or having a "tubal ligation"), "Essure" sterilization method where women have a small bil inserted inside her fallopian tubes) or another operation (such as a hysterectomy) that makes you	could be re reversed? \(\begin{align*} \text{Total Definitely} \end{align*}	versed safe Would you s	ly, would y	tubal steriliz ou want to ha	
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SECTION G. CURRENT BIRTH CONTROL USE

	SECTION G. CURRENT BIRTH CONTROL USE		control, please skip to Question 77 on Page 15. Otherwise, continue to Question 62.
50	Are you <u>currently using</u> any method or methods of birth control?		What kind(s) of birth control method(s) are you currently using? Please check all that apply.
	¹ ☐ Yes → Skip to Question 62	6	2 Withdrawal (also called "the pull-out method")
	² □ No		r¹
	³☐ Prefer not to answer → Skip to Question 62		² No ³ Prefer not to answer
1	What are your reasons for not using any method of birth control? Please check all that apply.		If yes, did you use this method the last time you had sex with a male?
	¹ ☐ I'm not currently having penile-vaginal sex or sex that could lead to pregnancy		¹ ☐ Yes ² ☐ No
	² ☐ I just don't think about it		³ □ Don't Know
	³ ☐ I don't mind if I get pregnant		⁴ ☐ Prefer not to answer
	⁴ ☐ I want to get pregnant		
	 5 □ I don't want to use a birth control method 6 □ My partner doesn't want to use a birth control method 	6	Birth control pills. Please mark YES even if you are taking birth control pills for reasons other than to prevent
	7 ☐ We just use "pulling out"		pregnancy.
	8 My partner is female	ľ	r¹ Yes
	9 ☐ I stopped using birth control methods due to side effects		2 □ No
	10 ☐ It's too hard to get to (no transportation or child care, cannot take time off work)		³ Prefer not to answer
	11 ☐ I didn't trust giving out my personal information to medical personnel		If yes, did you use this method the last time you had sex with a male? ¹☐ Yes
	¹² ☐ I can't pay for birth control		² □ No
	¹³ I don't think I can get pregnant		³ □ Don't Know
	14 ☐ I recently stopped using my birth control method and haven't started it again		⁴ □ Prefer not to answer
	15 ☐ I'm worried about people in my community knowing that I'm using birth control	6	Birth control patch (Evra® or other)
	16 ☐ I'm currently breastfeeding		r ¹□ Yes
	17 ☐ I think my partner is sterile and cannot impregnate me 18 ☐ I think that I might be infertile or it might be impossible for		² □ No
	me to get pregnant		³☐ Prefer not to answer
	¹⁹ Religious reasons		If yes, did you use this method the last time you had sex
	²⁰ □ I just had a baby		with a male? ¹
	²¹ ☐ I don't have sex very often		² □ No
	²² ☐ I enjoy sex more when I don't use a birth control method		3 □ Don't Know
	²³ ☐ Other, <i>please specify</i> :		⁴ ☐ Prefer not to answer
	Prefer not to answer	6	Vaginal ring (Nuvaring® or other)
			r¹ ☐ 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
			I Leter Hor to gliswel

If you are <u>not</u> currently using any method or methods of birth

Yes No S Prefer not to answer Fro, did you use this method the last time you had sex with a male? Yes No None A Ittle S Nome None A Ittle S Nome None Non	What kind(s) of birth control method(s) are you currently using? Please check all that apply	68 Implant (Implanon® or Nexplanon®)
Yes No S Prefer not to answer Fro, did you use this method the last time you had sex with a male? Yes No None A Ittle S Nome None A Ittle S Nome None Non	Depo-Provera® (also called "the shot")	
If yes, did you use this method the last time you had sex with a male? If yes, did you use this method the last time you had sex with a male? If yes		111
## yes, did you use this method the last time you had sex with a male?		
if yes, did you use this method the last time you had sex with a male? 1		
with a male? 1 Yes 2 No 3 Don't Know 4 Prefer not to answer 7 IUD (Mirena*, Paragard*, Skyla*, Liletta, or Kyleena*) 1 Yes 2 No 3 Prefer not to answer 1 Too, did you ever feel pressure from a medical provider to use an implant when you would have rather used another method or no method at all? 1 Mirena* 2 Paragard* 3 Skyla* 4 Liletta* 5 Kyleena* 6 Prefer not to answer 1 None 2 A little 3 Some 4 Quite a bit 4 A lot 5 Prefer not to answer 1 Yes 2 No 3 Prefer not to answer 2 No 3 Prefer not to answer 2 No 3 Prefer not to answer 3 Outer barrier methods (diaphragm, sponge, cervical cap, female condom)	- .	¹ □ None
1		² ☐ A little
The content of the		³ ☐ Some
The continuous of the contin		
IUD (Mirena®, Paragard®, Skyla®, Liletta, or Kyleena®) IUD (Mirena®, Paragard®, Skyla®, Liletta, or Kyleena®) I' Yes	³ □ Don't Know	
to use an implant when you would have rather used another method or no method at all? 1	⁴ ☐ Prefer not to answer	⁶ □ Prefer not to answer
1	Tud (Mirena®, Paragard®, Skyla®, Liletta, or Kyleena®)	to use an implant when you would have rather used
2	_1□ Voc	
Signature Sign	-	
If yes, what IUD are you currently using? Mirena® Paragard® Liletta® Liletta® Prefer not to answer None Quite a bit Quite a bit		
you felt pressure from a medical provider to use an implant, how much pressure did you feel? A little A little A little A little A lot A	- .	_ _
implant, how much pressure did you feel? A little A little A little A lot A		
3		
4 Liletta® 5 Kyleena® 6 Prefer not to answer If yes, how much pressure did you feel from a medical provider to have the IUD inserted? 1 None 2 A little 3 Some 4 Quite a bit 5 A lot 6 Prefer not to answer If no, did you ever feel pressure from a medical provider to use an IUD when you would have rather used another method or no method at all? If yes 2 No 3 Prefer not to answer If yes 2 No 3 Prefer not to answer Other barrier methods (diaphragm, sponge, cervical cap, female condom)		
Signature Sign		² ☐ Some
Frefer not to answer		
If yes, how much pressure did you feel from a medical provider to have the IUD inserted? None		
provider to have the IUD inserted? None	III , -	⁵ □ Prefer not to answer
None 2		Mala and ma
3 ☐ Some 4 ☐ Quite a bit 5 ☐ A lot 6 ☐ Prefer not to answer If no, did you ever feel pressure from a medical provider to use an IUD when you would have rather used another method or no method at all? 1 ☐ Yes 2 ☐ No 3 ☐ Don't Know 4 ☐ Prefer not to answer 1 ☐ Yes 2 ☐ No 3 ☐ Prefer not to answer 1 ☐ Yes 2 ☐ No 3 ☐ Prefer not to answer 1 ☐ Yes 2 ☐ No 3 ☐ Prefer not to answer 1 ☐ Yes 2 ☐ No 3 ☐ Don't Know 4 ☐ Prefer not to answer 1 ☐ Yes 2 ☐ No 3 ☐ Don't Know 4 ☐ Prefer not to answer	¹ ☐ None	Male condoms
4 Quite a bit 5 A lot 6 Prefer not to answer If no, did you ever feel pressure from a medical provider to use an IUD when you would have rather used another method or no method at all? 1 Yes 2 No 3 Prefer not to answer Other barrier methods (diaphragm, sponge, cervical cap, female condom)	² ☐ A little	r¹ ☐ Yes
5 ☐ A lot 6 ☐ Prefer not to answer If no, did you ever feel pressure from a medical provider to use an IUD when you would have rather used another method or no method at all? 1 ☐ Yes 2 ☐ No 3 ☐ Prefer not to answer If yes, thinking about the most recent time that you Yes	³ ☐ Some	² □ No
6 ☐ Prefer not to answer If no, did you ever feel pressure from a medical provider to use an IUD when you would have rather used another method or no method at all? 1 ☐ Yes 2 ☐ No 3 ☐ Don't Know 4 ☐ Prefer not to answer 70 Other barrier methods (diaphragm, sponge, cervical cap, female condom)	⁴ ☐ Quite a bit	³ ☐ Prefer not to answer
If no, did you ever feel pressure from a medical provider to use an IUD when you would have rather used another method or no method at all? 1 Yes 2 No 3 Don't Know 4 Prefer not to answer 1 Yes 2 No 3 Don't Know 4 Prefer not to answer 1 Yes 2 No 3 Don't Know 4 Prefer not to answer 1 Yes 2 No 3 Don't Know 4 Prefer not to answer 1 Yes 4 Prefer not to answer 70 Other barrier methods (diaphragm, sponge, cervical cap, female condom)		
to use an IUD when you would have rather used another method or no method at all? 1 Yes 2 No 3 Prefer not to answer 70 Other barrier methods (diaphragm, sponge, cervical cap, female condom)		
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1 Yes 2 No 3 Prefer not to answer 70 Other barrier methods (diaphragm, sponge, cervical cap, female condom)		
2 No 3 Prefer not to answer Other barrier methods (diaphragm, sponge, cervical cap, female condom) Other barrier methods (diaphragm, sponge, cervical cap, female condom)		_
3 ☐ Prefer not to answer 70 Other barrier methods (diaphragm, sponge, cervical cap, female condom)		□ Freier Hot to guswei
If yes, thinking about the most recent time that you cap, female condom)		Other barrier methods (diaphragm, sponge, cervical
felt pressure from a medical provider to use an ILID	If yes, thinking about the most recent time that you	
	felt pressure from a medical provider to use an IUD,	_1 □ Voo
now much procedure and you reer.		
	¹☐ A little	
□ Some	Some	11
Guite a bit	Quite a bit	
⁴ ☐ A lot ⁵ ☐ Professional Association with a male?	☐ A lot	¹ ☐ Yes
⁵ ☐ Prefer not to answer ² ☐ No	☐ Prefer not to answer	² □ No
³ ☐ Don't Know		³ ☐ Don't Know
⁴ ☐ Prefer not to answer		⁴ ☐ Prefer not to answer

	What kind(s) of birth control method(s) are you currently using? Please check all that apply	75	How confident are you that you have been using your method(s) of birth control correctly for the past 3 months?
7	Natural family planning methods (also called calendar/ rhythm method, cycle beads, basal body temperature)		¹ ☐ Completely confident
	┌ ¹☐ Yes		 ² ☐ Somewhat confident ³ ☐ Neither confident nor not confident
	² ☐ No		⁴ Somewhat not confident
	³ ☐ Prefer not to answer		5 Not at all confident
	If yes, did you use this method the last time you had sex		6 ☐ Prefer not to answer
	with a male?		_
	¹ ☐ Yes	76	Your use of your birth control method in the past 3
	² ☐ No ³ ☐ Don't Know		months was:
	4 ☐ Prefer not to answer		¹ ☐ Completely under your control
	The first to answer		² ☐ Somewhat under your control
72	Emergency contraception (morning after pill, also		³ ☐ Neither under your control nor out of your control
Ĭ	known as "Plan B" or Ella®)		⁴ ☐ Somewhat out of your control
	r¹ Yes		⁵ ☐ Not at all under your control
	²□ No		⁶ □ Prefer not to answer
	³ □ Prefer not to answer		
	If yes, did you use this method the last time you had sex with a male?	7	If you could use any birth control method you wanted, what method(s) would you use? Please check all that apply.
	¹ ☐ Yes		
	² □ No		¹ ☐ I am using the method that I want to use → Skip to Question 79 on Page 16
	3 ☐ Don't Know		² ☐ Tubal ligation ("tubes tied") or another operation that
	⁴ ☐ Prefer not to answer		makes you unable to get pregnant
			³ ☐ Partner's vasectomy (also known as male sterilization)
73	Partner's vasectomy (also known as male sterilization)		⁴ ☐ Withdrawal ("pulling out")
	r¹ ☐ Yes		⁵ ☐ Birth control pills ("the pill")
	² ☐ No		6 ☐ Male condoms
	³ ☐ Prefer not to answer		7 ☐ Birth control patch (on the skin)
	If yes, did you use this method the last time you had sex		 ⁸ ☐ Vaginal ring (NuvaRing® or other) ⁹ ☐ The shot (Depo-Provera®)
	with a male?		¹0 Female condom
	¹ ☐ Yes		¹¹ ☐ Implant (in the arm; Implanon® or Nexplanon®)
	2 No 3 Don't Know		¹² ☐ IUD (intrauterine device; e.g., Mirena; Liletta, Skyla,
	³ □ Don't Know ⁴ □ Prefer not to answer		ParaGard, Kyleena)
	THEIR HOLEO WISWEI		13 Fertility awareness-based methods (e.g., calendar/rhythm
74	Other method		method, CycleBeads®, basal body temperature, natural family planning methods)
	T¹ ☐ Yes, please specify the other method:		¹⁴ Emergency contraception (also known as the morning-after pill, Plan B® or Ella®)
			¹⁵ ☐ Other method:
	2 □ No		
	□ Prefer not to answer		16 ☐ I would prefer not to use any method → Skip to
	If yes, did you use this method the last time you had sex		Question 79
	with a male?		17 ☐ Don't Know
	¹ ☐ Yes		¹⁸ ☐ Prefer not to answer
	² □ No		
	3 ☐ Don't Know		
	4 ☐ Prefer not to answer		

What is the main reason you are not currently using the birth control method you want to use?	81 How satisfied are you with your birth control method? If not using a method, tell us how satisfied you are with using no method. If using more than one method, please report
¹ ☐ I can't afford it	on your satisfaction with the method you use most often.
² ☐ I don't have health insurance	
³ ☐ My health insurance doesn't cover it	¹ Very satisfied
⁴ ☐ The insurance co-pays/deductibles are too high	² ☐ Somewhat satisfied
5 ☐ It's too hard to get to (no transportation or child care, can't	³☐ Neither satisfied nor dissatisfied
take time off work)	⁴ ☐ Somewhat dissatisfied
$^6\square$ I don't know where I can get the birth control method I	⁵ ☐ Very dissatisfied
want	⁶ □ Prefer not to answer
⁷ The method that I want is not available at my doctor's office, clinic or pharmacy	82 How important is it to you to AVOID becoming pregnant
8 I don't want my partner or family to find out that I want to use a birth control method	now?
⁹ ☐ I don't trust giving out my personal information to medical	¹ Very important
staff	² ☐ Somewhat important
¹⁰ ☐ My health care provider suggested I use something else	³ ☐ Neither important nor unimportant
¹¹ ☐ I have an appointment scheduled, but haven't gone yet	⁴ ☐ Somewhat unimportant
¹² ☐ I'm trying to get pregnant	⁵ ☐ Not at all important
¹³ ☐ My partner doesn't want to use this birth control method	⁶ ☐ Prefer not to answer
14 ☐ I'm worried about people in my community knowing that I'm using birth control	If you have had a tubal ligation, "Essure" or had your tubes tied,
¹⁵ ☐ I'm not sure	please go to Question 87 on page 18.
¹⁶ ☐ I or my partner are surgically sterile (had a tubal sterilization, vasectomy, or other operation)	83 Would you say switching your current birth control
¹⁷ ☐ Other (specify):	method and using another method of birth control in the next 3 months is? If you are not currently using a
	method, tell us how likely you are to start using a method in
18 ☐ Prefer not to answer	the next 3 months.
	¹ ☐ Very likely
Thinking about the past 3 months, about how often did	² ☐ Somewhat likely
Thinking about the past 3 months, about how often did you have sex with a male? By sex, we mean a penis was	
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.	² ☐ Somewhat likely
you have sex with a male? By sex, we mean a penis was inserted in your vagina.	² ☐ Somewhat likely ³ ☐ Neither likely nor unlikely
you have sex with a male? By sex, we mean a penis was inserted in your vagina. ¹□ About once a week or more	² ☐ Somewhat likely ³ ☐ Neither likely nor unlikely ⁴ ☐ Somewhat unlikely
you have sex with a male? By sex, we mean a penis was inserted in your vagina. 1 About once a week or more 2 A few times a month	² ☐ Somewhat likely ³ ☐ Neither likely nor unlikely ⁴ ☐ Somewhat unlikely ⁵ ☐ Very unlikely
you have sex with a male? By sex, we mean a penis was inserted in your vagina. 1 About once a week or more 2 A few times a month 3 About once a month	² ☐ Somewhat likely ³ ☐ Neither likely nor unlikely ⁴ ☐ Somewhat unlikely ⁵ ☐ Very unlikely
you have sex with a male? By sex, we mean a penis was inserted in your vagina. 1 About once a week or more 2 A few times a month 3 About once a month 4 Less than once a month	 ² ☐ Somewhat likely ³ ☐ Neither likely nor unlikely ⁴ ☐ Somewhat unlikely ⁵ ☐ Very unlikely ⁶ ☐ Prefer not to answer
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SECTION H. PAST PREGNANCIES

We would like to ask you about your current thoughts and feelings about the idea of becoming pregnant in the next three months or having a baby in the next year. We know that women have very different thoughts and feelings about pregnancy, and having a baby, that can change over time. Please remember that there are no right or wrong answers. For each question, choose one answer that seems right at this point in your life

	see	ms	right at this point in your life						
The following statements relate to your thoughts and feelings about the idea of becoming PREGNANT in the next 3 months. Even if you do not think you can become pregnant for partner or physical reasons, please imagine how yo would feel about becoming pregnant.									
				Stongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer not to answer
		a.	I wouldn't mind it if I became pregnant in the next 3 months.	1	2	3	4	5	6
		b.	It would be a good thing for me if I became pregnant in the next 3 months.	1	2	3	4	5	6
		C.	Thinking about becoming pregnant in the next 3 months makes me feel unhappy.	1	2	3	4	5	6
		d.	Thinking about becoming pregnant in the next 3 months makes me feel excited.	1	2	3	4	5	6
		e.	Becoming pregnant in the next 3 months would bring me closer to my main partner. (By main partner, we mean the romantic partner that is the most serious to you. If you don't have a romantic partner, please think about the person with whom you were last sexual.)	1	2	3	4	5	6
8			e following statements relate to your thoughts and feelings about the in do not think you can have a baby for partner or physical reasons, ploy.						
		a.	I want to have a baby within the next year.	Stongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer not to answer
		b.	If I had a baby in the next year, it would be bad for my life.	1	2	3	4	5	6
		C.	It would be a positive addition to my life to have a baby in the next year.	1	2	3	4	5	6
		d.	It would be the end of the world for me to have a baby in the next year.	1	2	3	4	5	6
		e.	Thinking about having a baby within the next year makes me smile.	1	2	3	4	5	6
		f.	Thinking about having a baby within the next year makes me feel stressed out.	1	2	3	4	5	6
		g.	I would feel a loss of freedom if I had a baby in the next year.	1	2	3	4	5	6
		h.	If I had a baby in the next year, it would be hard for me to manage raising	1	2	3	4	5	6

the child.

I would worry that having a baby in the next year would make it harder

for me to achieve other things in my life.

1

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87	Have you given birth in the past 12 months?	92	Have you ever been diagnosed as infertile?
T	¹ ☐ Yes		¹□ Yes
	² □ No → Skip to Question 90		² □ No
	³ ☐ Prefer not to answer → Skip to Question 90		³ ☐ Prefer not to answer
88	Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant?		SECTION I. PUBLIC POLICY
	¹ ☐ I wanted to be pregnant later		
	² ☐ I wanted to be pregnant sooner		We have a few final questions related to abortion. Please
	³ ☐ I wanted to be pregnant then		consider your own thoughts, opinions, and experiences when responding.
	⁴ ☐ I didn't want to be pregnant then or at any time in the future		,
	5 I wasn't sure what I wanted	93	A woman should not fear being arrested or going to jail for having an abortion (terminating a pregnancy).
	⁶ □ Prefer not to answer		
			¹ ☐ Strongly Agree
89	How did you feel when you found out you were		2 Agree
	pregnant with your new baby? Were you		³ ☐ Neither agree nor disagree⁴ ☐ Disagree
	¹ ☐ Very happy to be pregnant		5 ☐ Strongly disagree
	² ☐ Happy to be pregnant		⁶ ☐ Prefer not to answer
	3 ☐ Neither happy nor unhappy		
	 ⁴ ☐ Unhappy to be pregnant ⁵ ☐ Very unhappy to be pregnant 	94	Which comes closest to your own view on abortion?
	6 □ Prefer not to answer		¹ ☐ Having an abortion is acceptable
			² ☐ I am against abortion for myself, but I don't believe
90	In your lifetime, how many babies did you have that		government should prevent a woman from making the decision for herself.
	were born alive?		³ ☐ Having an abortion is wrong.
	Number of babies		⁴ ☐ Prefer not to answer
	¹☐ Prefer not to answer		
		95	Do you identify as?
91	Some people are unable to get pregnant, even if they		¹ ☐ Pro-Choice
	want to. How likely do you think it is that you are infertile or would have difficulty getting pregnant?		² ☐ Pro-Life
	¹ Not at all likely to be infertile		³ ☐ Neither ⁴ ☐ Both
	² Somewhat likely		5 ☐ Prefer not to answer
	³ ☐ Likely		
	⁴ ☐ Very likely to be infertile	96	Do you think abortion should be:
	5 □ Don't know		¹ Legal in all cases
	⁶ ☐ Prefer not to answer		² ☐ Legal in most cases
			³ ☐ Illegal in most cases
			⁴ ☐ Illegal in all cases
			5 □ Don't Know
			⁶ ☐ Prefer not to answer

Thank You

Thank you very much for participating in this survey. The information you provided will be used to help improve women's health in your state.

Other interested participants					
Are there any other women between 18-44 in your household who we could contact to participate in this study? ¹ Yes ² No					
If yes, please provide their contact information below.					
First woman name: Email:					
Second woman name: Email:					
☐ I do not wish to provide their contact information					
Incentive					
If you were eligible and completed this survey, we will be sending you a \$10 Amazon, Target, or Walmart gift code. Which gift code would you prefer? <i>Please check only one</i> .					
□ Amazon □ Target □ Walmart					
Would you like us to email or mail the above gift code number to you?					
□ Mail Only □ Email Only					
If you selected for us to mail the gift code to you, please provide an updated address if the one we mailed to is incorrect.					
Address 1:					
Address 2:					
City: State: Zip					
Email:					

MAILING INSTRUCTIONS

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

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

If you would like more information about the study, please call 1-877-396-4064 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.				

Delaware in SURVEY OF ALLA WAY OF ALLA WAY



Who should answer this survey?

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

[SUID]

Version B

SURVEY INSTRUCTIONS

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

Right Way

9399

Wrong Way

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

Researchers at NORC at the University of Chicago are asking for your help with an important study about women's health. The information you provide will help researchers better understand the methods of birth control that women use and how they feel about those methods. We will also ask about your experiences receiving reproductive healthcare and other issues related to your health and well-being.

Some topics may be sensitive for you, and you can decline to answer any question. The survey takes about 15 minutes to complete. Participation is voluntary and you may skip any questions you don't wish to answer. If you are eligible and complete the survey, we will offer you an additional \$10 gift code to your choice of Amazon, Target or Walmart. If you have questions about your rights as a survey participant before starting the survey, you may call the NORC Institutional Review Board Administrator (toll-free) at 1-866-309-0542.

The information you provide will be used by the research team for statistical purposes only. We will do our very best to protect the confidentiality of all the information we collect from you and we will not disclose your information to third parties. However, no one can guarantee complete confidentiality for data sent over the Internet. The data you provide will be stored in secure computers with password protections and only authorized members of the research team will have access to the data.

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

1-877-396-4064

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.

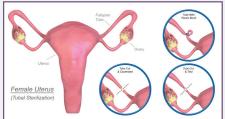
Birth control patch (Evra® or other)



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



Female sterilizing operation



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®".

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.

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 (3-6 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.

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 may 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 her 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 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 B. GENERA	LH	ΙΕΑ	LTH	I	6	In the past 12 months, was there any time when you wanted health care for yourself, for any reason, but didn't get it?
3	W	ould you say that in general your h	ıealt	h is	?			¹ Yes
	1 🔲	Excellent					1	² □ No → Skip to Question 8
		Very good Good						³☐ Prefer not to answer → Skip to Question 8
	4 <u> </u>	Fair Poor					7	Why didn't you get health care for yourself? Please check all that apply.
4	In ca ind vis	Prefer not to answer the past 12 months, have you rece re or health care? Please include and eluding urgent care, ER visits, routine its with a specialist (e.g., gynecologis ctor).	II me	dical tor vi	care sits, ai			 I was concerned about exposure to COVID-19. The place I usually go was closed because of COVID-19. I couldn't afford it. I didn't know where to go. The place where I got care was too far away. I could not get there when it was open. I could not get an appointment soon enough.
		No → Skip to Question 6						⁸ ☐ I did not have transportation.
		Prefer not to answer Skip to G	Ques	tion 6	6			⁹ ☐ I didn't have time to go.
		•					1	¹⁰ ☐ I didn't have insurance.
5		the past 12 months, have you rece health care from any of the follow				are		 I was unsure about how much of the care would be covered under my insurance. Some other reason why
					David	Prefer		Please specify why:
				No	Don't Know	not to answer		
		Westside Family Healthcare Delaware State University Health	_	2	3	4	1	¹³ ☐ Prefer not to answer
		Clinic	1	2	3 🗀	4	8	In the past year, has the COVID-19 (coronavirus)
		La Red Health Center	_	2 2	3	4 4		pandemic affected you in any of the following ways?
		Planned Parenthood of Delaware Henrietta Johnson Medical Center	1	2 2	3 3	4		Please respond Yes or No for each event. More than one YES response is possible.
		Family Wellness Center/Delaware Families First	1	_	3	4		Prefer
	g.	Delaware State University Student Health Services	1	2	3	4		a. I, a partner, a dependent or close 1 □ 2 □ 3 □
	h.	A school based health clinic	1	2	3	4		family member was diagnosed with, or
	i.	Edward W. Pyle State Service Center	1	2	3	4		suspected to have contracted, COVID-19 b. I, a partner, a dependent or close family 1 2 3 member experienced a reduction in hours
	j.	Thurman Adams State Service Center (formerly the Georgetown State Service Center)	1	2	3	4		worked or lost a job due to COVID-19 reasons
	k.	Milford Riverwalk State Service Center	1	2	3	4		c. I had to delay, cancel or skip visiting my 1 2 3 doctor or clinic for sexual or reproductive health care due to COVID-19 reasons
	I.	Anna C. Shipley State Service Center	1	2	3	4		d. I was unable to get, or delayed in getting, 1 2 3 my birth control method due to COVID-19 reasons

SECTION C. PAST BIRTH CONTROL USE

The next few questions are about using birth control. Birth control refers to ALL the different methods for preventing pregnancy, including condoms, birth control pills, Depo-Provera (the shot), IUDs, implants, and non-prescription methods like withdrawal or "pulling out." It also includes permanent methods like sterilization (tubes tied, hysterectomy, or vasectomy) and other methods you might use, even if you used them for reasons other than to prevent pregnancy.

	even if you have used the method only once?					
	9 Withdrawal (also called "the pull-out method")					
	1 Yes 2 No 3 Don't Know 4 Prefer not to answer					
	Birth control pills Please mark YES even if you are/were taking birth control pills for reasons other than to prevent pregnancy.					
	1 Yes 2 No 3 Don't Know 4 Prefer not to answer					
(Birth control patch (Evra® or other)					
	1 ☐ Yes 2 ☐ No 3 ☐ Don't Know 4 ☐ Prefer not to answer					
(Vaginal ring (Nuvaring® or other)					
	1 Yes 2 No 3 Don't Know 4 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 ever used any of these birth control methods, even if you have used the method only once?

IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®)						
— 1 □ Yes						
r ²□ No						
³☐ Don't Know						
⁴ ☐ Prefer not to answer						
If no, what is the primary reason you have never used an IUD?						
¹ ☐ The cost is too high						
$^2\square$ I am not familiar with this birth control method						
³ ☐ Due to my beliefs (religious or otherwise)						
⁴ ☐ To avoid negative side effects						
⁵ ☐ I am not comfortable requesting an IUD from my doctor						
⁶ I am concerned about the procedure for inserting or removing the IUD						
⁷ ☐ My provider did not discuss IUDs with me						
8 I want control over when and whether to use the method						
⁹ ☐ Other, please specify:						
¹⁰ ☐ Prefer not to answer						
If yes, what IUD have you used?						
Please check all that apply.						
¹☐ Liletta® (hormonal IUD used for up to 6 years)						
² Mirena® (hormonal IUD used for up to 5 years)						
³ ☐ Skyla® (hormonal IUD used for up to 3 years)						
⁴ Paragard [®] (non-hormonal IUD used for up to 10 years, also called the "copper IUD")						
⁵ ☐ Kyleena® (hormonal IUD used for up to 5 years)						
6 □ Don't Know						
⁷ ☐ Prefer not to answer						
If yes, in what month and year did you last have an IUD inserted? If you cannot remember exactly, please give your best estimate.						
Month: Year:						
¹☐ Don't Know						
² ☐ Prefer not to answer						
If yes, if you are no longer using that IUD, in what month and year did you have it removed or was it expelled? If you cannot remember exactly, please give your best estimate.						
Month: Year:						
¹ ☐ I am still using that IUD						
² ☐ Don't Know						
³ ☐ Prefer not to answer						
If yes, did you ever feel pressured by a medical provider to keep in the IUD that you were last using or are still						
using?						
¹ ☐ Yes						
² ☐ No						
³ ☐ Prefer not to answer						

	cap, female condom)
5 Implant (Implanon® or Nexplanon®)	¹ ☐ Yes
r ¹ ☐ Yes	² □ No
rc2 No	3 ☐ Don't Know
³ □ Don't Know	⁴ ☐ Prefer not to answer
4□ Prefer not to answer	
If no, what is the primary reason <u>you have never used</u> an implant?	Natural family planning methods (also called calendar/rhythm method, cycle beads, basal body temperature).
¹ ☐ The cost is too high	¹ ☐ Yes
2 ☐ I am not familiar with this birth control method	² □ No
³ ☐ Due to my beliefs (religious or otherwise)	³ ☐ Don't Know
⁴ ☐ To avoid negative side effects	⁴ ☐ Prefer not to answer
⁵ ☐ I am not comfortable requesting an implant from my	
doctor $^6\Box$ I am concerned about the procedure for inserting or	Emergency contraception (morning after pill, also known as "Plan B" or Ella®)
removing the implant	¹ ☐ Yes
⁷ ☐ My provider did not discuss implants with me	2
⁸ ☐ I want control over when and whether to use the	³ □ Don't Know
method	⁴ □ Prefer not to answer
⁹ ☐ Other, please specify:	Trotor not to unowor
	20 Partner's vasectomy (also known as male sterilization)
10 ☐ Prefer not to answer	
If yes, in what month and year did you last have an	¹□ Yes
Implant inserted? If you cannot remember exactly, please	² ☐ No
give your best estimate.	³☐ Don't Know
	⁴ ☐ Prefer not to answer
Month: Year:	
¹☐ Don't Know	Any other method not mentioned previously
² Prefer not to answer	¹ ☐ Yes, please specify the other method:
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot	
remember exactly, please give your best estimate.	² □ No
	³ ☐ Don't Know
Month: Year:	⁴ ☐ Prefer not to answer
¹ ☐ I am still using that Implant	
² ☐ Don't Know	In the past 12 months, have you needed a birth control
³☐ Prefer not to answer	method, but couldn't afford it?
If yes, did you ever feel pressured by a medical provider	¹□ Yes
to keep in the implant that you were last using or are still	¹ ☐ Yes ² ☐ No
to keep in the implant that you were last using or are still using?	² □ No
to keep in the implant that you were last using or are still using? $^1\Box$ Yes	
to keep in the implant that you were last using or are still using?	 No ³ □ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any
to keep in the implant that you were last using or are still using? ¹□ Yes ²□ No	 No ⇒ Prefer not to answer In the past 12 months, have you delayed or had trouble
to keep in the implant that you were last using or are still using? 1 Yes 2 No 3 Prefer not to answer Male condoms	 No ³ □ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any
to keep in the implant that you were last using or are still using? 1 Yes 2 No 3 Prefer not to answer Male condoms 1 Yes	 No ³ ☐ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason?
to keep in the implant that you were last using or are still using? 1	 No Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? Yes
to keep in the implant that you were last using or are still using? 1 Yes 2 No 3 Prefer not to answer Male condoms 1 Yes 2 No 3 Don't Know	 2 □ No 3 □ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 □ Yes 2 □ No → Skip to Question 25 on Page 8
to keep in the implant that you were last using or are still using? 1	 2 □ No 3 □ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 □ Yes 2 □ No → Skip to Question 25 on Page 8
to keep in the implant that you were last using or are still using? 1 Yes 2 No 3 Prefer not to answer Male condoms 1 Yes 2 No 3 Don't Know	 2 □ No 3 □ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 □ Yes 2 □ No → Skip to Question 25 on Page 8
to keep in the implant that you were last using or are still using? 1 Yes 2 No 3 Prefer not to answer Male condoms 1 Yes 2 No 3 Don't Know	 2 □ No 3 □ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 □ Yes 2 □ No → Skip to Question 25 on Page 8
to keep in the implant that you were last using or are still using? 1 Yes 2 No 3 Prefer not to answer Male condoms 1 Yes 2 No 3 Don't Know	 2 □ No 3 □ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 □ Yes 2 □ No → Skip to Question 25 on Page 8
to keep in the implant that you were last using or are still using? 1 Yes 2 No 3 Prefer not to answer Male condoms 1 Yes 2 No 3 Don't Know	 2 □ No 3 □ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 □ Yes 2 □ No → Skip to Question 25 on Page 8
to keep in the implant that you were last using or are still using? 1 Yes 2 No 3 Prefer not to answer Male condoms 1 Yes 2 No 3 Don't Know	 2 □ No 3 □ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 □ Yes 2 □ No → Skip to Question 25 on Page 8

24	Why did you delay or have trouble getting the birth control method that you wanted? Please check all that apply.	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				
	¹ ☐ COVID-19 made it difficult.	is needed				
		- Ever had a pap smear				
	³ ☐ I didn't have health insurance.	- Had an abortion (ended a pregnancy on purpose) in the				
	⁴ ☐ My health insurance doesn't cover the method I want.	past 5 years				
	·	- Diagnosed with breast cancer in the past 10 years				
	⁵ ☐ I couldn't get through to a doctor, clinic, or pharmacy on the telephone.					
	6 ☐ Once I got to the doctor, clinic, or pharmacy the wait was	Enter number between 0-4				
	too long to see someone.	¹☐ Don't Know				
	⁷ ☐ I didn't have transportation or a ride to the clinic/pharmacy	² ☐ Prefer not to answer				
lr						
Н	9 ☐ Other, please specify:	On this next list of health experiences, how many of				
Н		these have you personally experienced? You don't				
Н		need to say which ones, just how many Ever used a birth control method (such as: pills, an IUD or				
Н	¹⁰ ☐ Prefer not to answer	implant, condoms, or the shot)				
L	How were you treated unfairly? I was treated	- Had a tubal or ectopic pregnancy in the past year				
	unfairly Please check all that apply.	- Ever had your blood pressure measured				
	¹ ☐ Because of my race/ethnicity					
	² ☐ Because English is not my first language	Enter number between 0-3				
	³ ☐ Because of my sexual orientation	¹ ☐ Don't Know				
	⁴ ☐ Because of my sexual activity or lifestyle	² ☐ Prefer not to answer				
	⁵ ☐ Because of my gender presentation					
	⁶ ☐ Other, please specify:	OFOTION F. DEMOCRAPHICO				
		SECTION E. DEMOGRAPHICS				
	⁷ ☐ Prefer not to answer	Now we would like to ask you a few questions about your				
		background.				
	SECTION D. SOURCES OF	28 What is the highest degree or level of school you have				
		completed?				
	MEDICAL CARE INFORMATION	•				
		¹☐ Never attended school or only attended kindergarten				
25	Do you know how YOU can get any of the following	² ☐ Grades 1 through 8 (Elementary)				
	birth control methods for <u>free</u> (by FREE we mean you	³ ☐ Grades 9 through 11 (Some high school)				
	don't have to pay anything out-of-pocket)?	⁴ ☐ Grade 12 or GED				
	Prefer	⁵ ☐ Some college, no degree				
	not to Yes No answer	⁶ ☐ Associate's degree				
	a. Male condoms	bachelor's degree (for example, bA, Ab, b5, bbA)				
	b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, ¹☐ ²☐ ³☐	8 ☐ Master's degree				
	or Kyleena®)	⁹ ☐ Professional degree beyond a bachelor's degree				
	c. Implant (Implanon® or Nexplanon®) 1 2 3	10 ☐ Doctorate degree				
	d. Depo-Provera [®] (also called "the shot") 1 2 3	¹¹ ☐ Prefer not to answer				
	e. Birth control pills					
	f. NuvaRing® (vaginal birth control ring) 1 2 3	Where were you born?				
	g. Other method, please specify:	¹ ☐ United States				
		(including its territories: Puerto Rico, Guam, etc.)				
		² ☐ Outside of the United States				
26	Two or False Vou age start are mathed of high as a	³ ☐ Prefer not to answer				
20	True or False. You can start any method of birth control that you want <u>during one office visit</u> to a clinic.					
		30 Are you of Hispanic, Latina, or Spanish origin?				
	¹□ True	¹ ☐ Yes				
	² False	2 No				
	³ ☐ It depends on the type of birth control method	³ Prefer not to answer				
	4 ☐ Don't Know	- Troid flot to allower				
	⁵ ☐ Prefer not to answer					
1						

_			
31	Which one or more of the following would you say is your race?	37	In the PAST 12 MONTHS, did you leave a job or school because? Please check all that apply
	¹ ☐ Black or African American		¹ ☐ COVID-19 (Coronavirus)
	² White		² ☐ I became pregnant
	³ ☐ Asian or Asian American		³ ☐ I had to take on parenting or other care-giving
	⁴ ☐ Native American, Alaska Native, or American Indian		responsibilities
	⁵ ☐ Native Hawaiian or Pacific Islander		⁴ ☐ I left for some other reason
	⁶ ☐ Other, please describe:		⁵ ☐ I have not left a job or school in the past 12 months
			⁶ ☐ Prefer not to answer
	⁷ ☐ Prefer not to answer	38	to the income shared by an entire household. Thinking
32	What is your current marital status?		about your household's income from all sources in 2020, what was the approximate income earned by everyone, before taxes? Your best guess is fine. If you
	¹ ☐ Now married		are a student, please include the household income where
	² Widowed		you currently live even if that includes a dorm room or
	³ ☐ Divorced		apartment that you rent only during the school year.
	⁴ ☐ Separated		
	⁵ ☐ Never married		\$
	⁶ ☐ Prefer not to answer	- 1 ,	r ¹□ Don't Know
		. 11	-2 □ Prefer not to answer
33	Do you currently live with a romantic partner?	Ш	What if you had some categories? Would you say your household's income in 2020 was
	¹ ☐ Yes		nousenoid s income in 2020 was ¹ □ Less than \$10,000
	² ☐ No		
	3 ☐ Prefer not to answer		² \$10,000 to less than \$15,000
		.	³ □ \$15,000 to less than \$20,000
34	Which of the following best represents how you think		4 □ \$20,000 to less than \$25,000
	about yourself?		5 ☐ \$25,000 to less than \$30,000
	¹ Lesbian or Gay		⁶ □ \$30,000 to less than \$35,000
	² Straight, that is, not lesbian or gay		⁷ □ \$35,000 to less than \$40,000
	³ ☐ Bisexual		8 ☐ \$40,000 to less than \$50,000
	⁴ ☐ Something else		⁹ □ \$50,000 to less than \$60,000
	5 □ Don't Know		¹⁰ □ \$60,000 to less than \$75,000
	6 ☐ Prefer not to answer		11 ☐ \$75,000 to less than \$100,000
			¹² ☐ \$100,000 to less than \$150,000
35	At any time IN THE LAST 3 MONTHS, have you		13 ☐ \$150,000 or more
	attended school or college? Include only schooling which		14 Don't Know
	leads to a high school diploma, or a college, graduate, or		¹⁵ ☐ Prefer not to answer
	professional degree.	00	N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	¹ ☐ Yes	39	Now, please consider just yourself. During the past 12 MONTHS, did YOU receive any income from wages,
	² ☐ No		salary, commissions, bonuses, or tips?
	³ ☐ Prefer not to answer		100
			¹ ☐ Yes
36	Are you currently? Please check all that apply		2 ☐ No → Skip to Question 42 on Page 10
	405	'	³ ☐ Prefer not to answer → Skip to Question 41 on Page 10
	¹☐ Employed for wages		
	² ☐ Self-employed	40	What was the total amount of income YOU received for the PAST 12 MONTHS? Please report the amount you
	³ ☐ A student		earned before taxes were taken out. Your best guess is
	⁴ ☐ Out of work for 1 year or more		fine.
	⁵ ☐ Out of work for less than 1 year		
	6 ☐ A Homemaker		\$
	⁷ ☐ Retired		¹ □ Don't Know
	8 ☐ Unable to work		²☐ Prefer not to answer
	⁹ ☐ Prefer not to answer		

41	During the PAST 12 MONTHS, how many hours did you usually work each WEEK?	4	How many children less t your household?	han 18	years of	age live	in
	Hours per week		Number of children	1			
	¹ Don't Know		¹ ☐ Don't Know				
	² ☐ Prefer not to answer		² ☐ Prefer not to answer				
42	In the next set of questions, we'd like to ask about your	45	Did you live in this house	or apa	rtment 1	year ag	o?
	current living situation. Is the house, apartment, or		1 Van - Chin to Oward	lian 17		-	
	mobile home that you're living in		¹ ☐ Yes → Skip to Quest ² ☐ No, I lived in a different h		r anartma	nt in Da	awara
	¹ ☐ Owned by you or someone in this household with a		³ No, I lived in a different h		•		
	mortgage or loan. Include home equity loans.		state	iouse o	гараппе	ent in and	Julei
	² ☐ Owned by you or someone in this household free and		⁴ ☐ No, I lived in a different h	nouse o	r anartme	ent outsid	le of the
	clear (without a mortgage or loan)		United States	.0400 0	араган	one outon	.0 01 1110
	³ ☐ Rented		⁵ ☐ Prefer not to answer				
	⁴ ☐ Occupied without payment of rent						
	⁵ □ Don't Know ⁶ □ Prefer not to answer	46	Have you been living or s for more than 2 months?	taying	at your o	current a	ddress
	Including you have many named live or stoy at this		¹ Yes				
43	Including you, how many people live or stay at this address?		 2				
			³ ☐ Prefer not to answer				
	Number of people						
	¹□ Don't Know						
	² □ Prefer not to answer						
	Trois not to anowe.						
	SEC						
	REPRODUC	CTIV	E HEALTH				
Ir	the next section, we'd like to learn more about your reproductiv	e hea	lth.				
47	Are you currently covered by any of the following types of	f healt	h insurance?				
				Yes	No	Don't Know	Prefer not to answer
	a. Insurance through current or former employer or union (by	you o	r another family member).	1	2	3	4
	This would include COBRA coverage		,				
	b. Insurance purchased directly from an insurance company			1	2	3	4
	member). This would include coverage purchased through such as Healthcare.gov	an ex	change or marketplace,				
	c. Medicare, for people 65 and older or people with certain di	sahilit	ies	1	2	3	4
	d. Medicaid, Medical Assistance (MA), the Children's Health			1	2	3	4
	kind of state or government-sponsored assistance plan ba						
	may know this type of coverage as Diamond State Health.		•				
	e. TRICARE or other military health care, including VA health	care.		1	2	3	4
	f. Indian Health Service			1	2	3	4
	g. Any other type of health insurance or health coverage plan	ı. Spe	cify:	1	2	3	4
	h. I do not currently have health insurance or a health covera	ae nls	nn .	1	2	3	4
	n. Tao not ourronly have health inoutation of a health covera	ge pie					

_		L									
48	Did you have health insurance during all of the past 12 months? ¹□ Yes → Skip to Question 50	51	a d	loc ecl	t how long tor or othe cup? A rou	er health utine che	<mark>care pro</mark> ckup is a	ovider fo general	o <mark>r a ro</mark> i I physic	u <mark>tine</mark> cal exa	am,
	² ☐ No ³ ☐ Prefer not to answer		1	Wit	thin the pas thin the pas	st year (a st 2 years	nytime le s (1 year	ess than but less	12 mo than 2	nths a	ago)
49	For how many of the past 12 months were you WITHOUT health insurance?		4 🔲 ;	5 o	thin the pas r more yea	-	s (2 years	s but les	s than	5 yeaı	rs ago)
	¹ ☐ Less than 1 month ² ☐ 1 to 3 months		_	Do	ver n't Know efer not to a	answer					
	³ ☐ 4 to 6 months ⁴ ☐ 7 to 12 months	52			e past 12 r			u gone t	to a do	octor	or
	5 ☐ Prefer not to answer		oth	ner	healthcar	e provid	er for:				
50	Do you have at least one person or place you think of as your personal doctor or health care provider?			•		1 . 0		Ye	es No	Don't Know	
	¹		a.	pr	method of escription t ethod			1	2	3	4
	³ ☐ Prefer not to answer			to	check-up o using birth	control r	nethod	1	2	3	4
				bi	ounseling on th control doctor, nur			1	2	3	4
			u.	Ca Wa	are provide ant to beco	asked y	ou if you	ne	2	3	4
				Α	ext year pregnancy			1		3	4
			f.		general G\ omen's visi		-up (ann	ual ¹[2	3	4
sl	you have not gone to a doctor or other healthcare provider in the kip to Question 54 on Page 12. Otherwise, continue to Question	53.									please
53	Please rate the healthcare provider you saw most recently	for c	oirtn (cor	itroi with r	espect t	o tne to	lowing	qualiti	es.	
	a. Respecting me as a person		Po	or	Fair	Good ³ □	Very Good ⁴	Exceller 5	t Kno	ow to	refer not answer
	b. Letting me say what mattered to me about my birth control method		1		2	3	4	5	6		7
	c. Taking my preferences about my birth control seriouslyd. Giving me enough information to make the best decision		1	_	2	3	4	5	6		7
	about my birth control method e. Keeping information about me and my care private		1 1		2 2	3 3	4 4	5 5	6 6	_	7 <u> </u>
	f. Having translation available when I want/need it		1		2	3	4	5	6]	7

	Extremely	Somewhat	Not at all	Don't Know	Prefer n to answ
. I can stop using the birth control method at any time	1	2	3	4	5
. I can get pregnant immediately after I stop using it	1	2	3	4	5
. The method is affordable	1	2	3	4	5
. The method is easy to use	1	2	3	4	5
. I don't have to remember to use the method each time I have		.—	.—		
sex	1	2	3	4	5
I use the method only when I am going to have sex	1	2	3	4	5
. The method is easy for me to get	1	2	3	4	5
. I can get it without seeing a doctor or going to a clinic	1	2	3	4	5
The method has few or no side effects	1	2	3	4	5
The method doesn't detract from my sexual enjoyment	1	2	3	4	5
. The method does not detract from my partner's sexual enjoyme	ent ¹□	2	3	4	5
The method has a health benefit	1	2	3	4	5
n. The method protects against sexually transmitted infections	1	2	3	4	5
. The method does not change my menstrual periods	1	2	3	4	5
. The method is very effective at preventing pregnancy	1	2	3	4	5
. I am responsible for using the method and not my sexual partn	er ¹□	2	3	4	5
. I have control over when and whether to use the method	1	2	3	4	5
No one can tell that I am using the method	1	2	3	4	5
sterilization method where women have a small oil inserted inside her fallopian tubes) or another peration (such as a hysterectomy) that makes you	¹ ☐ Definitely	-			
poil inserted inside her fallopian tubes) or another peration (such as a hysterectomy) that makes you urrently unable to get pregnant? Yes, "tubal ligation," "tubes tied," or "Essure"	² ☐ Probably ³ ☐ Probably ⁴ ☐ Definitely	yes no no	4:		
oil inserted inside her fallopian tubes) or another peration (such as a hysterectomy) that makes you currently unable to get pregnant? Yes, "tubal ligation," "tubes tied," or "Essure" Yes, hysterectomy or another operation, so unable to get pregnant Skip to Question 87 on Page 18 No Skip to Question 58	² ☐ Probably ³ ☐ Probably	yes no no no had the oper	ration revers	sed	
oil inserted inside her fallopian tubes) or another peration (such as a hysterectomy) that makes you urrently unable to get pregnant? Yes, "tubal ligation," "tubes tied," or "Essure" Yes, hysterectomy or another operation, so unable to get pregnant Skip to Question 87 on Page 18 No Skip to Question 58 Prefer not to answer Skip to Question 58	2 Probably 3 Probably 4 Definitely 5 I already 6 Don't Kno 7 Prefer no	yes no no had the oper bw to answer a tubal ligati	on, "Essure		tubes tie
oil inserted inside her fallopian tubes) or another peration (such as a hysterectomy) that makes you currently unable to get pregnant? Yes, "tubal ligation," "tubes tied," or "Essure" Yes, hysterectomy or another operation, so unable to get pregnant \longrightarrow Skip to Question 87 on Page 18 No \longrightarrow Skip to Question 58 Prefer not to answer \longrightarrow Skip to Question 58 what month and year did you have the tubal terilization or "Essure" operation? If you cannot	² □ Probably ³ □ Probably ⁴ □ Definitely ⁵ □ I already ⁶ □ Don't Kno ⁷ □ Prefer no If you have had please go to Que	yes no no had the oper ow to answer a tubal ligation	ion, "Essure 1 page 15.		tubes tid
oil inserted inside her fallopian tubes) or another peration (such as a hysterectomy) that makes you urrently unable to get pregnant? Yes, "tubal ligation," "tubes tied," or "Essure" Yes, hysterectomy or another operation, so unable to get pregnant Skip to Question 87 on Page 18 No Skip to Question 58 Prefer not to answer Skip to Question 58	² □ Probably ³ □ Probably ⁴ □ Definitely ⁵ □ I already ⁶ □ Don't Kno ⁷ □ Prefer no If you have had blease go to Qu Are you cu	yes no no had the oper ow to answer a tubal ligation reently preg	ion, "Essure page 15. nant?	" or had your	tubes tie
oil inserted inside her fallopian tubes) or another peration (such as a hysterectomy) that makes you urrently unable to get pregnant? Yes, "tubal ligation," "tubes tied," or "Essure" Yes, hysterectomy or another operation, so unable to get pregnant Skip to Question 87 on Page 18 No Skip to Question 58 Prefer not to answer Skip to Question 58 what month and year did you have the tubal terilization or "Essure" operation? If you cannot emember exactly, please give your best estimate.	Probably Probably Probably Probably I perinitely Don't Know Prefer now you have had blease go to Que Are you cu Yes No	yes no no had the oper ow to to answer a tubal ligation reently preg Skip to Que	ion, "Essure page 15. nant?	" or had your	tubes tie
oil inserted inside her fallopian tubes) or another peration (such as a hysterectomy) that makes you urrently unable to get pregnant? Yes, "tubal ligation," "tubes tied," or "Essure" Yes, hysterectomy or another operation, so unable to get pregnant Skip to Question 87 on Page 18 No Skip to Question 58 Prefer not to answer Skip to Question 58 what month and year did you have the tubal terilization or "Essure" operation? If you cannot emember exactly, please give your best estimate.	2 Probably 3 Probably 4 Definitely 5 I already 6 Don't Kno 7 Prefer no If you have had blease go to Qu Are you cu 1 Yes — 2 No 3 Prefer no	yes no no had the oper ow to answer a tubal ligation reently preg Skip to Que to answer	ion, "Essure page 15. nant? estion 87 on	" or had your Page 18	tubes tie
oil inserted inside her fallopian tubes) or another peration (such as a hysterectomy) that makes you currently unable to get pregnant? Yes, "tubal ligation," "tubes tied," or "Essure" Yes, hysterectomy or another operation, so unable to get pregnant Skip to Question 87 on Page 18 No Skip to Question 58 Prefer not to answer Skip to Question 58 Prefer not to answer Skip to Question 58 what month and year did you have the tubal terilization or "Essure" operation? If you cannot emember exactly, please give your best estimate.	2 Probably 3 Probably 4 Definitely 5 I already 6 Don't Kno 7 Prefer no If you have had blease go to Qu Are you cu 1 Yes — 2 No 3 Prefer no	yes no no had the oper ow to to answer a tubal ligation reently preg Skip to Que	ion, "Essure page 15. nant? estion 87 on	" or had your Page 18	tubes tie
oil inserted inside her fallopian tubes) or another peration (such as a hysterectomy) that makes you currently unable to get pregnant? Yes, "tubal ligation," "tubes tied," or "Essure" Yes, hysterectomy or another operation, so unable to get pregnant Skip to Question 87 on Page 18 No Skip to Question 58 Prefer not to answer Skip to Question 58 Prefer not to answer Skip to Question 58 what month and year did you have the tubal terilization or "Essure" operation? If you cannot emember exactly, please give your best estimate.	2 Probably 3 Probably 4 Definitely 5 I already 6 Don't Kno 7 Prefer no If you have had blease go to Qu 1 Yes 2 No 3 Prefer no Are you cu 1 Yes 2 No 3 No 3 No	yes no no had the oper ow at to answer a tubal ligation reently preg Skip to Que to answer reently trying Skip to Que	on, "Essure page 15. nant? estion 87 on	or had your Page 18	tubes tie
oil inserted inside her fallopian tubes) or another peration (such as a hysterectomy) that makes you currently unable to get pregnant? Yes, "tubal ligation," "tubes tied," or "Essure" Yes, hysterectomy or another operation, so unable to get pregnant Skip to Question 87 on Page 18 No Skip to Question 58 Prefer not to answer Skip to Question 58 Prefer not to answer Skip to Question 58 what month and year did you have the tubal terilization or "Essure" operation? If you cannot emember exactly, please give your best estimate.	2 Probably 3 Probably 4 Definitely 5 I already 6 Don't Kno 7 Prefer no If you have had blease go to Qu 1 Yes 2 No 3 Prefer no Are you cu 1 Yes 4 Are you cu 1 Yes 7 Yes 9 No 9 Prefer no	yes no no had the oper ow at to answer a tubal ligation reently preg Skip to Que to answer reently trying Skip to Que	on, "Essure page 15. nant? estion 87 on	or had your Page 18	tubes tie
oil inserted inside her fallopian tubes) or another peration (such as a hysterectomy) that makes you currently unable to get pregnant? Yes, "tubal ligation," "tubes tied," or "Essure" Yes, hysterectomy or another operation, so unable to get pregnant Skip to Question 87 on Page 18 No Skip to Question 58 Prefer not to answer Skip to Question 58 Prefer not to answer Skip to Question 58 what month and year did you have the tubal terilization or "Essure" operation? If you cannot emember exactly, please give your best estimate.	2 Probably 3 Probably 4 Definitely 5 I already 6 Don't Kno 7 Prefer no If you have had blease go to Qu 1 Yes 2 No 3 Prefer no Are you cu 1 Yes 2 No 3 No 3 No	yes no no had the oper ow at to answer a tubal ligation reently preg Skip to Que to answer reently trying Skip to Que	on, "Essure page 15. nant? estion 87 on	or had your Page 18	tubes tie

SECTION G. CURRENT BIRTH CONTROL USE

	SECTION G. CURRENT BIRTH CONTROL USE		control, please skip to Question 77 on Page 15. Otherwise, continue to Question 62.
50	Are you <u>currently using</u> any method or methods of birth control?		What kind(s) of birth control method(s) are you currently using? Please check all that apply.
	¹ ☐ Yes → Skip to Question 62	6	2 Withdrawal (also called "the pull-out method")
	² □ No		r¹ Yes
	³☐ Prefer not to answer → Skip to Question 62		² No ³ Prefer not to answer
1	What are your reasons for not using any method of birth control? Please check all that apply.		If yes, did you use this method the last time you had sex with a male?
	¹ ☐ I'm not currently having penile-vaginal sex or sex that could lead to pregnancy		¹ ☐ Yes ² ☐ No
	² ☐ I just don't think about it		³ ☐ Don't Know
	³ ☐ I don't mind if I get pregnant		⁴ ☐ Prefer not to answer
	⁴ ☐ I want to get pregnant		
	5 I don't want to use a birth control method	6	Birth control pills. Please mark YES even if you are taking birth control pills for reasons other than to prevent
	 ⁶ ☐ My partner doesn't want to use a birth control method ⁷ ☐ We just use "pulling out" 		pregnancy.
	8 My partner is female	ď	r¹ Yes
	9 ☐ I stopped using birth control methods due to side effects		² No
	□ It's too hard to get to (no transportation or child care, cannot take time off work)		³ Prefer not to answer
	11 ☐ I didn't trust giving out my personal information to medical personnel		If yes, did you use this method the last time you had sex with a male? ¹☐ Yes
	¹² ☐ I can't pay for birth control		² □ No
	¹³		³ □ Don't Know
	I recently stopped using my birth control method and haven't started it again		4 ☐ Prefer not to answer
	15 ☐ I'm worried about people in my community knowing that I'm using birth control	6	Birth control patch (Evra® or other)
	16 ☐ I'm currently breastfeeding		r¹ ☐ Yes
	17 ☐ I think my partner is sterile and cannot impregnate me		² □ No
	18 ☐ I think that I might be infertile or it might be impossible for me to get pregnant		³ ☐ Prefer not to answer
	¹⁹ Religious reasons		If yes, did you use this method the last time you had sex
	²⁰		with a male? ¹
	²¹ ☐ I don't have sex very often		²□ No
	²² ☐ I enjoy sex more when I don't use a birth control method		³ □ Don't Know
	²³ ☐ Other, <i>please specify</i> :		4 ☐ Prefer not to answer
	Prefer not to answer	6	Vaginal ring (Nuvaring® or other)
			r¹ ☐ Yes
			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
			I Leiel Hor to gliswei

If you are <u>not</u> currently using any method or methods of birth

What kind(s) of birth control method(s) are you currently using? Please check all that apply	68 Implant (Implanon® or Nexplanon®)
66 Depo-Provera® (also called "the shot")	r¹ Yes r² No
	³☐ Prefer not to answer
☐ Yes	If yes, how much pressure did you feel from a medical
² ☐ No ³ ☐ Prefer not to answer	provider to have the implant inserted?
-	¹ □ None
If yes, did you use this method the last time you had sex with a male?	² ☐ A little
¹ ☐ Yes	³ ☐ Some
² ☐ No	d Quite a bit
³ ☐ Don't Know	5 ☐ A lot
⁴ ☐ Prefer not to answer	⁶ ☐ Prefer not to answer
67 IUD (Mirena®, Paragard®, Skyla®, Liletta, or Kyleena®)	If no, did you ever feel pressure from a medical provider to use an implant when you would have rather used another method or no method at all?
r 1 ☐ Yes	rul
F ² □ No	2 □ No
³☐ Prefer not to answer	³ ☐ Prefer not to answer
If yes, what IUD are you <u>currently using</u> ?	If yes, thinking about the most recent time that
¹ ☐ Mirena®	you felt pressure from a medical provider to use an
Paragard®	implant, how much pressure did you feel?
3 ☐ Skyla®	¹ ☐ A little
4 ☐ Liletta®	² ☐ Some ³ ☐ Quite a bit
5 ☐ Kyleena®	☐ Quite a bit A lot
⁶ □ Prefer not to answer	5 ☐ Prefer not to answer
If yes, how much pressure did you feel from a medical	Tree note answer
provider to have the IUD inserted? 1 □ None	69 Male condoms
2 A little	r¹ Yes
3 Some	2 No
	³ □ Prefer not to answer
⁵ ☐ A lot	If yes, did you use this method the last time you had sex
⁶ □ Prefer not to answer	with a male?
If no, did you ever feel pressure from a medical provider	¹ ☐ Yes
to use an IUD when you would have rather used another method or no method at all?	² ☐ No
Thethod of no method at all? — ¹□ Yes	³ ☐ Don't Know
	⁴ ☐ Prefer not to answer
³☐ Prefer not to answer	70 Other barrier methods (diaphragm, sponge, cervical
If yes, thinking about the most recent time that you	Other barrier methods (diaphragm, sponge, cervical cap, female condom)
felt pressure from a medical provider to use an IUD,	,
how much pressure did you feel?	racket
¹ ☐ A little	3 Prefer not to answer
² □ Some	If yes, did you use this method the last time you had sex
³ ☐ Quite a bit	with a male?
⁴ ☐ A lot ⁵ ☐ Prefer not to answer	¹□ Yes
☐ Fieler not to answer	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	75	How confident are you that you have been using your method(s) of birth control correctly for the past 3 months?
71	Natural family planning methods (also called calendar/rhythm method, cycle beads, basal body temperature)		¹ ☐ Completely confident
	r ¹□ Yes		 ² ☐ Somewhat confident ³ ☐ Neither confident nor not confident
	² □ No		⁴ Somewhat not confident
	³ ☐ Prefer not to answer		5 Not at all confident
	If yes, did you use this method the last time you had sex		6 ☐ Prefer not to answer
	with a male?		
	¹ ☐ Yes	76	Your use of your birth control method in the past 3
	² ☐ No ³ ☐ Don't Know		months was:
	4 ☐ Prefer not to answer		¹ ☐ Completely under your control
	Trefer flot to answer		² ☐ Somewhat under your control
72	Emergency contraception (morning after pill, also		³ ☐ Neither under your control nor out of your control
Ť	known as "Plan B" or Ella®)		⁴ ☐ Somewhat out of your control
	r ¹□ Yes		⁵ ☐ Not at all under your control
	r i res 2 No		⁶ ☐ Prefer not to answer
	3 ☐ Prefer not to answer		
	If yes, did you use this method the last time you had sex	7	If you could use any birth control method you wanted,
	with a male?		what method(s) would you use? Please check all that apply.
	¹ ☐ Yes		
	² □ No		¹ ☐ I am using the method that I want to use → Skip to Question 79 on Page 16
	3 ☐ Don't Know		² Tubal ligation ("tubes tied") or another operation that
	⁴ ☐ Prefer not to answer		makes you unable to get pregnant
			³ ☐ Partner's vasectomy (also known as male sterilization)
73	Partner's vasectomy (also known as male sterilization)		⁴ ☐ Withdrawal ("pulling out")
	r ¹ ☐ Yes		⁵ ☐ Birth control pills ("the pill")
	² □ No		⁶ ☐ Male condoms
	³ ☐ Prefer not to answer		7 ☐ Birth control patch (on the skin)
	If yes, did you use this method the last time you had sex		⁸ ☐ Vaginal ring (NuvaRing® or other)
	with a male?		⁹ ☐ The shot (Depo-Provera®)¹⁰ ☐ Female condom
	¹ ☐ Yes		¹¹ ☐ Implant (in the arm; Implanon® or Nexplanon®)
	² ☐ No		¹² ☐ IUD (intrauterine device; e.g., Mirena; Liletta, Skyla,
	3 ☐ Don't Know		ParaGard, Kyleena)
	⁴ ☐ Prefer not to answer		¹³ ☐ Fertility awareness-based methods (e.g., calendar/rhythm
7/	Other method		method, CycleBeads®, basal body temperature, natural family planning methods)
T			14 ☐ Emergency contraception (also known as the
	Yes, please specify the other method:		morning-after pill, Plan B® or Ella®)
			¹⁵ ☐ Other method:
	² □ No		
	³ Prefer not to answer		16 ☐ I would prefer not to use any method → Skip to
	If yes, did you use this method the last time you had sex		Question 79
	with a male?		17 ☐ Don't Know
	¹ ☐ Yes		¹⁸ ☐ Prefer not to answer
	² □ No		
	³ □ Don't Know		
	⁴ ☐ Prefer not to answer		

What is the main reason you are not currently using the birth control method you want to use?	How satisfied are you with your birth control method? If not using a method, tell us how satisfied you are with using no method. If using more than one method, please report
¹	on your satisfaction with the method you use most often.
² ☐ I don't have health insurance	
³ ☐ My health insurance doesn't cover it	¹ Very satisfied
⁴ ☐ The insurance co-pays/deductibles are too high	² ☐ Somewhat satisfied
5 ☐ It's too hard to get to (no transportation or child care, can't	³ ☐ Neither satisfied nor dissatisfied
take time off work)	⁴ ☐ Somewhat dissatisfied
$^6\square$ I don't know where I can get the birth control method I	⁵ □ Very dissatisfied
want	⁶ ☐ Prefer not to answer
⁷ The method that I want is not available at my doctor's office, clinic or pharmacy	82 How important is it to you to AVOID becoming pregnant
⁸ I don't want my partner or family to find out that I want to use a birth control method	now?
⁹ I don't trust giving out my personal information to medical	¹ Very important
staff	² ☐ Somewhat important
¹⁰ ☐ My health care provider suggested I use something else	³ ☐ Neither important nor unimportant
¹¹ ☐ I have an appointment scheduled, but haven't gone yet	⁴ ☐ Somewhat unimportant
¹² ☐ I'm trying to get pregnant	⁵ ☐ Not at all important
¹³ ☐ My partner doesn't want to use this birth control method	⁶ ☐ Prefer not to answer
14 l'm worried about people in my community knowing that l'm using birth control	If you have had a tubal ligation, "Essure" or had your tubes tied,
¹⁵ ☐ I'm not sure	please go to Question 87 on page 18.
¹⁶ ☐ I or my partner are surgically sterile (had a tubal sterilization, vasectomy, or other operation)	83 Would you say switching your current birth control
¹⁷ ☐ Other (specify):	method and using another method of birth control in the next 3 months is? If you are not currently using a
	method, tell us how likely you are to start using a method in
18 ☐ Prefer not to answer	the next 3 months.
	¹ ☐ Very likely
	, ,
Thinking about the past 3 months, about how often did	² Somewhat likely
Thinking about the past 3 months, about how often did you have sex with a male? By sex, we mean a penis was	
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.	² ☐ Somewhat likely
you have sex with a male? By sex, we mean a penis was inserted in your vagina.	² ☐ Somewhat likely ³ ☐ Neither likely nor unlikely
you have sex with a male? By sex, we mean a penis was inserted in your vagina. ¹□ About once a week or more	² ☐ Somewhat likely ³ ☐ Neither likely nor unlikely ⁴ ☐ Somewhat unlikely
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SECTION H. PAST PREGNANCIES

We would like to ask you about your current thoughts and feelings about the idea of becoming pregnant in the next three months or having a baby in the next year. We know that women have very different thoughts and feelings about pregnancy, and having a baby, that can change over time. Please remember that there are no right or wrong answers. For each question, choose one answer that seems right at this point in your life

	see	ms	right at this point in your life						
8		mo	e following statements relate to your thoughts and feelings about the inths. Even if you do not think you can become pregnant for partner ould feel about becoming pregnant.						
				Stongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer not to answer
		a.	I wouldn't mind it if I became pregnant in the next 3 months.	1	2	3	4	5	6
		b.	It would be a good thing for me if I became pregnant in the next 3 months.	1	2	3	4	5	6
		C.	Thinking about becoming pregnant in the next 3 months makes me feel unhappy.	1	2	3	4	5	6
		d.	Thinking about becoming pregnant in the next 3 months makes me feel excited.	1	2	3	4	5	6
		e.	Becoming pregnant in the next 3 months would bring me closer to my main partner. (By main partner, we mean the romantic partner that is the most serious to you. If you don't have a romantic partner, please think about the person with whom you were last sexual.)	1	2	3	4	5	6
8			e following statements relate to your thoughts and feelings about the in do not think you can have a baby for partner or physical reasons, ploy.						
		a.	I want to have a baby within the next year.	Stongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer not to answer
		b.	If I had a baby in the next year, it would be bad for my life.	1	2	3	4	5	6
		C.	It would be a positive addition to my life to have a baby in the next year.	1	2	3	4	5	6
		d.	It would be the end of the world for me to have a baby in the next year.	1	2	3	4	5	6
		e.	Thinking about having a baby within the next year makes me smile.	1	2	3	4	5	6
		f.	Thinking about having a baby within the next year makes me feel stressed out.	1	2	3	4	5	6
		g.	I would feel a loss of freedom if I had a baby in the next year.	1	2	3	4	5	6
		h.	If I had a baby in the next year, it would be hard for me to manage raising	1	2	3	4	5	6

the child.

I would worry that having a baby in the next year would make it harder

for me to achieve other things in my life.

1

2

3

4

5

6

87	Have you given birth in the past 12 months?	92	Have you ever been diagnosed as infertile?
T	¹ ☐ Yes		¹□ Yes
	² □ No → Skip to Question 90		² □ No
	³ ☐ Prefer not to answer → Skip to Question 90		³ ☐ Prefer not to answer
88	Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant?		SECTION I. PUBLIC POLICY
	¹ ☐ I wanted to be pregnant later		
	² ☐ I wanted to be pregnant sooner		We have a few final questions related to abortion. Please
	³ ☐ I wanted to be pregnant then		consider your own thoughts, opinions, and experiences when responding.
	⁴ ☐ I didn't want to be pregnant then or at any time in the future		,
	5 I wasn't sure what I wanted	93	A woman should not fear being arrested or going to jail for having an abortion (terminating a pregnancy).
	⁶ □ Prefer not to answer		
			¹ ☐ Strongly Agree
89	How did you feel when you found out you were		2 Agree
	pregnant with your new baby? Were you		³ ☐ Neither agree nor disagree⁴ ☐ Disagree
	¹ □ Very happy to be pregnant		5 ☐ Strongly disagree
	² ☐ Happy to be pregnant		⁶ ☐ Prefer not to answer
	3 ☐ Neither happy nor unhappy		
	 ⁴ ☐ Unhappy to be pregnant ⁵ ☐ Very unhappy to be pregnant 	94	Which comes closest to your own view on abortion?
	6 □ Prefer not to answer		¹ ☐ Having an abortion is acceptable
			² ☐ I am against abortion for myself, but I don't believe
90	In your lifetime, how many babies did you have that		government should prevent a woman from making the decision for herself.
	were born alive?		³ ☐ Having an abortion is wrong.
	Number of babies		⁴ ☐ Prefer not to answer
	¹☐ Prefer not to answer		
		95	Do you identify as?
91	Some people are unable to get pregnant, even if they		¹ ☐ Pro-Choice
	want to. How likely do you think it is that you are infertile or would have difficulty getting pregnant?		² ☐ Pro-Life
	¹ Not at all likely to be infertile		³ ☐ Neither ⁴ ☐ Both
	² Somewhat likely		5 ☐ Prefer not to answer
	³ ☐ Likely		
	⁴ ☐ Very likely to be infertile	96	Do you think abortion should be:
	5 □ Don't know		¹ Legal in all cases
	⁶ ☐ Prefer not to answer		² ☐ Legal in most cases
			³ ☐ Illegal in most cases
			⁴ ☐ Illegal in all cases
			5 □ Don't Know
			⁶ ☐ Prefer not to answer

Thank You

Thank you very much for participating in this survey. The information you provided will be used to help improve women's health in your state.

Other interested participants
Are there any other women between 18-44 in your household who we could contact to participate in this study? 1 ☐ Yes 2 ☐ No
If yes, please provide their contact information below.
First woman name: Email:
Second woman name: Email:
☐ I do not wish to provide their contact information
Incentive
If you were eligible and completed this survey, we will be sending you a \$10 Amazon, Target, or Walmart gift code. Which gift code would you prefer? <i>Please check only one</i> .
□ Amazon □ Target □ Walmart
Would you like us to email or mail the above gift code number to you?
□ Mail Only □ Email Only
If you selected for us to mail the gift code to you, please provide an updated address if the one we mailed to is incorrect.
Address 1:
Address 2:
City: State: Zip
Email:

MAILING INSTRUCTIONS

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

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

If you would like more information about the study, please call 1-877-396-4064 or send an email to womenshealth@norc. org. If you have questions about your rights as a survey participant, you may call the NORC Institutional Review Board Administrator (toll-free) at 1-866-309-0542. If you have any comments about this survey or would like to share any other information about your experiences using							
birth control, please enter those in the box below.							

Maryland SURVEY OF MAN SURVEY



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.

Right Way

9399

Wrong Way

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

Researchers at NORC at the University of Chicago are asking for your help with an important study about women's health. The information you provide will help researchers better understand the methods of birth control that women use and how they feel about those methods. We will also ask about your experiences receiving reproductive healthcare and other issues related to your health and well-being.

Some topics may be sensitive for you, and you can decline to answer any question. The survey takes about 15 minutes to complete. Participation is voluntary and you may skip any questions you don't wish to answer. If you are eligible and complete the survey, we will offer you an additional \$10 gift code to your choice of Amazon, Target or Walmart. If you have questions about your rights as a survey participant before starting the survey, you may call the NORC Institutional Review Board Administrator (toll-free) at 1-866-309-0542.

The information you provide will be used by the research team for statistical purposes only. We will do our very best to protect the confidentiality of all the information we collect from you and we will not disclose your information to third parties. However, no one can guarantee complete confidentiality for data sent over the Internet. The data you provide will be stored in secure computers with password protections and only authorized members of the research team will have access to the data.

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

1-877-396-4064

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.

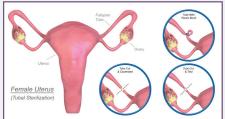
Birth control patch (Evra® or other)



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



Female sterilizing operation



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®".

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.

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 (3-6 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.

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 may 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 her 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 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 B. GENERAL HEALTH	6		Thy didn't you get health care for yourself? lease check all that apply.
3	Would you say that in general your health is? 1 Excellent 2 Very good 3 Good 4 Fair 5 Poor 6 Prefer not to answer In the past 12 months, have you received any medical		2	I was concerned about exposure to COVID-19. The place I usually go was closed because of COVID-19. I couldn't afford it. I didn't know where to go. The place where I got care 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 didn't have insurance.
	care or health care? Please include all medical care including urgent care, ER visits, routine doctor visits, and visits with a specialist (e.g., gynecologist, dentist, eye doctor).			I was unsure about how much of the care would be covered under my insurance. Some other reason why Please specify why:
	² ☐ No ³ ☐ Prefer not to answer		13	Prefer not to answer
5	In the past 12 months, was there any time when you wanted health care for yourself, for any reason, but didn't get it?	7	pa Pi	the past year, has the COVID-19 (coronavirus) andemic affected you in any of the following ways? lease respond Yes or No for each event. More than one ES response is possible.
	¹		a. b.	I, a partner, a dependent or close family member was diagnosed with, or suspected to have contracted, COVID-19 I, a partner, a dependent or close family member experienced a reduction in hours worked or lost a job due to COVID-19 reasons I had to delay, cancel or skip visiting my doctor or clinic for sexual or reproductive health care due to COVID-19 reasons I was unable to get, or delayed in getting, my birth control method due to COVID-19 reasons

SECTION C. PAST BIRTH CONTROL USE

The next few questions are about using birth control. Birth control refers to ALL the different methods for preventing pregnancy, including condoms, birth control pills, Depo-Provera (the shot), IUDs, implants, and non-prescription methods like withdrawal or "pulling out." It also includes permanent methods like sterilization (tubes tied, hysterectomy, or vasectomy) and other methods you might use, even if you used them for reasons other than to prevent pregnancy.

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

(Withdrawal (also called "the pull-out method")
	1 Yes 2 No 3 Don't Know 4 Prefer not to answer
9	Birth control pills Please mark YES even if you are/were taking birth control pills for reasons other than to prevent pregnancy.
	1 ☐ Yes 2 ☐ No 3 ☐ Don't Know 4 ☐ Prefer not to answer
1	Birth control patch (Evra® or other)
	1 Yes 2 No 3 Don't Know 4 Prefer not to answer
1	Vaginal ring (Nuvaring® or other)
	1 Yes 2 No 3 Don't Know 4 Prefer not to answer
1	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?

IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®)								
1 Yes 2 No 3 Don't Know 4 Prefer not to answer If no, what is the primary reason you have never used an IUD? 1 The cost is too high								
 ² ☐ I am not familiar with this birth control method ³ ☐ Due to my beliefs (religious or otherwise) 								
⁴ ☐ To avoid negative side effects								
 ⁵ ☐ I am not comfortable requesting an IUD from my doctor 								
⁶ ☐ I am concerned about the procedure for inserting or removing the IUD								
⁷ ☐ My provider did not discuss IUDs with me								
8 I want control over when and whether to use the method								
⁹ ☐ Other, please specify:								
¹⁰ ☐ Prefer not to answer								
If yes, what IUD have you used? Please check all that apply. 1 Liletta® (hormonal IUD used for up to 6 years) 2 Mirena® (hormonal IUD used for up to 5 years) 3 Skyla® (hormonal IUD used for up to 3 years) 4 Paragard® (non-hormonal IUD used for up to 10 years, also called the "copper IUD") 5 Kyleena® (hormonal IUD used for up to 5 years) 6 Don't Know 7 Prefer not to answer If yes, in what month and year did you last have an IUD inserted? If you cannot remember exactly, please give your best estimate.								
Month: Year:								
¹ □ Don't Know ² □ Prefer not to answer								
If yes, if you are no longer using that IUD, in what month and year did you have it removed or was it expelled? If you cannot remember exactly, please give your best estimate.								
Month: Year: I am still using that IUD Don't Know Prefer not to answer								
If yes, did you ever feel pressured by a medical provider to keep in the IUD that you were last using or are still using? 1 Yes 2 No 3 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?	Other barrier methods (diaphragm, sponge, cervical cap, female condom)
4 Implant (Implanon® or Nexplanon®)	¹ ☐ Yes
racking 1 □ Yes	² No
r²□ No	3 ☐ Don't Know 4 ☐ Prefer not to answer
³ ☐ Don't Know	Prefer flot to answer
⁴ ☐ Prefer not to answer	17 Natural family planning methods (also called calendar/
If no, what is the primary reason you have never used an implant?	rhythm method, cycle beads, basal body temperature).
¹ ☐ The cost is too high	¹ ☐ Yes
² ☐ I am not familiar with this birth control method	² □ No
³ ☐ Due to my beliefs (religious or otherwise)	³ □ Don't Know
⁴ ☐ To avoid negative side effects	⁴ ☐ Prefer not to answer
⁵ ☐ I am not comfortable requesting an implant from my	
doctor	18 Emergency contraception (morning after pill, also
⁶ ☐ I am concerned about the procedure for inserting or removing the implant	known as "Plan B" or Ella®)
⁷ ☐ My provider did not discuss implants with me	¹ ☐ Yes
⁸ ☐ I want control over when and whether to use the	² ☐ No
method	³ ☐ Don't Know
⁹ ☐ Other, please specify:	⁴ □ Prefer not to answer
	19 Partner's vasectomy (also known as male sterilization)
¹⁰ ☐ Prefer not to answer	¹ ☐ Yes
If yes, in what month and year did you last have an	_
Implant inserted? If you cannot remember exactly, please	² □ No
give your best estimate.	³ □ Don't Know
	⁴ ☐ Prefer not to answer
Month: Year:	
¹ □ Don't Know	20 Any other method not mentioned previously
	9 , ,
² ☐ Prefer not to answer	
If yes, if you are no longer using that Implant, in what	¹ ☐ Yes, please specify the other method:
	¹ ☐ Yes, please specify the other method:
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot	¹ ☐ Yes, please specify the other method: 2 ☐ No
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate.	¹ ☐ Yes, please specify the other method: 2 ☐ No 3 ☐ Don't Know
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year:	¹ ☐ Yes, please specify the other method: 2 ☐ No
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate.	1 Yes, please specify the other method: 2 No 3 Don't Know 4 Prefer not to answer
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year: 1 I am still using that Implant	1 Yes, please specify the other method: 2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year: 1 I am still using that Implant 2 Don't Know 3 Prefer not to answer	1 Yes, please specify the other method: 2 No 3 Don't Know 4 Prefer not to answer
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year: I am still using that Implant Don't Know	1 Yes, please specify the other method: 2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year: 1	1 Yes, please specify the other method: 2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control method, but couldn't afford it?
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year: 1	1 Yes, please specify the other method: 2 No 3 Don't Know 4 Prefer not to answer In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 Yes
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year: 1	1 Yes, please specify the other method: 2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 Yes 2 No
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year: I am still using that Implant Don't Know Prefer not to answer If yes, did you ever feel pressured by a medical provider to keep in the implant that you were last using or are still using? Yes	1 Yes, please specify the other method: 2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 Yes 2 No 3 Prefer not to answer 22 In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year: I am still using that Implant Don't Know Trefer not to answer If yes, did you ever feel pressured by a medical provider to keep in the implant that you were last using or are still using? Yes No	1 Yes, please specify the other method: 2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 Yes 2 No 3 Prefer not to answer
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year: 1	1 Yes, please specify the other method: 2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 Yes 2 No 3 Prefer not to answer 22 In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	1 Yes, please specify the other method: 2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 Yes 2 No 3 Prefer not to answer 22 In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason?
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	1
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	1 Yes, please specify the other method: 2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 Yes 2 No 3 Prefer not to answer 22 In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 Yes
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	1
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	1
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	1
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	1
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	1
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	1

23		
	Why did you delay or have trouble getting the birth control method that you wanted? Please check all that apply.	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
	¹ ☐ COVID-19 made it difficult. ² ☐ I couldn't afford it.	is needed - Ever had a pap smear - Diagnosed with breast cancer in the past 10 years
	³ ☐ I didn't have health insurance.	- Diagnosed with breast cancer in the past 10 years
	⁴ ☐ My health insurance doesn't cover the method I want.	
	⁵ ☐ I couldn't get through to a doctor, clinic, or pharmacy on	Enter number between 0-3
	the telephone.	1 □ Don't Know
	⁶ ☐ Once I got to the doctor, clinic, or pharmacy the wait was too long to see someone.	² ☐ Prefer not to answer
	$^7 \square$ I didn't have transportation or a ride to the clinic/pharmacy	On this next list of health experiences, how many of
ΙГ	^{•8} □ I was treated unfairly.	these have you personally experienced? You don't
	⁹ ☐ Other, please specify:	need to say which ones, just how many. - Ever used a birth control method (such as: pills, an IUD or
Ш		implant, condoms, or the shot)
	10 T D C 11	- Had an abortion (ended a pregnancy on purpose) in the
Ш	¹⁰ ☐ Prefer not to answer	past 5 years - Had a tubal or ectopic pregnancy in the past year
-	How were you treated unfairly? I was treated unfairly Please check all that apply.	- Ever had your blood pressure measured
	¹ ☐ Because of my race/ethnicity	Enter number between 0.4
	² ☐ Because English is not my first language	Enter number between 0-4
	³☐ Because of my sexual orientation	¹☐ Don't Know
	⁴ ☐ Because of my sexual activity or lifestyle	² ☐ Prefer not to answer
	⁵ ☐ Because of my gender presentation	
	⁶ ☐ Other, please specify:	SECTION E. DEMOGRAPHICS
		SECTION E. DEMOGRAPHICS
	7.00]] , , , , , , , , , , , , , , , , , ,
	⁷ ☐ Prefer not to answer	Now we would like to ask you a few questions about your background.
	SECTION D. SOURCES OF MEDICAL CARE INFORMATION	What is the highest degree or level of school you have completed?
		¹ ☐ Never attended school or only attended kindergarten
24	Do you know how YOU can get any of the following	² ☐ Grades 1 through 8 (Elementary)
	birth control methods for free (by FREE we mean you	
		³ ☐ Grades 9 through 11 (Some high school)
	don't have to pay anything out-of-pocket)?	 ³ ☐ Grades 9 through 11 (Some high school) ⁴ ☐ Grade 12 or GED
		⁴ ☐ Grade 12 or GED ⁵ ☐ Some college, no degree
	Prefer not to	⁴ ☐ Grade 12 or GED ⁵ ☐ Some college, no degree ⁶ ☐ Associate's degree
	Prefer not to Yes No answer	 Grade 12 or GED Some college, no degree Associate's degree Bachelor's degree (for example: BA, AB, BS, BBA)
	a. Male condoms Prefer not to answer	⁴ ☐ Grade 12 or GED ⁵ ☐ Some college, no degree ⁶ ☐ Associate's degree
	a. Male condoms b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, 1 2 3	 Grade 12 or GED Some college, no degree Associate's degree Bachelor's degree (for example: BA, AB, BS, BBA)
	a. Male condoms b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, 1 2 3 or Kyleena®)	 4 ☐ Grade 12 or GED 5 ☐ Some college, no degree 6 ☐ Associate's degree 7 ☐ Bachelor's degree (for example: BA, AB, BS, BBA) 8 ☐ Master's degree
	a. Male condoms b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®) c. Implant (Implanon® or Nexplanon®) 1 2 3 3 3	 4 ☐ Grade 12 or GED 5 ☐ Some college, no degree 6 ☐ Associate's degree 7 ☐ Bachelor's degree (for example: BA, AB, BS, BBA) 8 ☐ Master's degree 9 ☐ Professional degree beyond a bachelor's degree
	a. Male condoms b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®) c. Implant (Implanon® or Nexplanon®) d. Depo-Provera® (also called "the shot") 1 Prefer not to answer 3 3 3 3 4 2 3 7 3 3 7 3 3 7 3 3 8 3 3	 4 ☐ Grade 12 or GED 5 ☐ Some college, no degree 6 ☐ Associate's degree 7 ☐ Bachelor's degree (for example: BA, AB, BS, BBA) 8 ☐ Master's degree 9 ☐ Professional degree beyond a bachelor's degree 10 ☐ Doctorate degree
	a. Male condoms b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®) c. Implant (Implanon® or Nexplanon®) d. Depo-Provera® (also called "the shot") e. Birth control pills	 4 ☐ Grade 12 or GED 5 ☐ Some college, no degree 6 ☐ Associate's degree 7 ☐ Bachelor's degree (for example: BA, AB, BS, BBA) 8 ☐ Master's degree 9 ☐ Professional degree beyond a bachelor's degree 10 ☐ Doctorate degree
	a. Male condoms b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®) c. Implant (Implanon® or Nexplanon®) d. Depo-Provera® (also called "the shot") e. Birth control pills f. NuvaRing® (vaginal birth control ring) Yes No	4 Grade 12 or GED 5 Some college, no degree 6 Associate's degree 7 Bachelor's degree (for example: BA, AB, BS, BBA) 8 Master's degree 9 Professional degree beyond a bachelor's degree 10 Doctorate degree 11 Prefer not to answer
	a. Male condoms b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®) c. Implant (Implanon® or Nexplanon®) d. Depo-Provera® (also called "the shot") e. Birth control pills	4 Grade 12 or GED 5 Some college, no degree 6 Associate's degree 7 Bachelor's degree (for example: BA, AB, BS, BBA) 8 Master's degree 9 Professional degree beyond a bachelor's degree 10 Doctorate degree 11 Prefer not to answer
	a. Male condoms b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®) c. Implant (Implanon® or Nexplanon®) d. Depo-Provera® (also called "the shot") e. Birth control pills f. NuvaRing® (vaginal birth control ring) Yes No	4 Grade 12 or GED 5 Some college, no degree 6 Associate's degree 7 Bachelor's degree (for example: BA, AB, BS, BBA) 8 Master's degree 9 Professional degree beyond a bachelor's degree 10 Doctorate degree 11 Prefer not to answer 28 Where were you born? 1 United States (including its territories: Puerto Rico, Guam, etc.)
	a. Male condoms b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®) c. Implant (Implanon® or Nexplanon®) d. Depo-Provera® (also called "the shot") e. Birth control pills f. NuvaRing® (vaginal birth control ring) Yes No	4 Grade 12 or GED 5 Some college, no degree 6 Associate's degree 7 Bachelor's degree (for example: BA, AB, BS, BBA) 8 Master's degree 9 Professional degree beyond a bachelor's degree 10 Doctorate degree 11 Prefer not to answer 28 Where were you born? 1 United States (including its territories: Puerto Rico, Guam, etc.) 2 Outside of the United States
25	a. Male condoms b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®) c. Implant (Implanon® or Nexplanon®) d. Depo-Provera® (also called "the shot") e. Birth control pills f. NuvaRing® (vaginal birth control ring) Yes No	4 Grade 12 or GED 5 Some college, no degree 6 Associate's degree 7 Bachelor's degree (for example: BA, AB, BS, BBA) 8 Master's degree 9 Professional degree beyond a bachelor's degree 10 Doctorate degree 11 Prefer not to answer 28 Where were you born? 1 United States (including its territories: Puerto Rico, Guam, etc.) 2 Outside of the United States 3 Prefer not to answer
	a. Male condoms b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®) c. Implant (Implanon® or Nexplanon®) d. Depo-Provera® (also called "the shot") e. Birth control pills f. NuvaRing® (vaginal birth control ring) g. Other method, please specify: True or False. You can start any method of birth control that you want during one office visit to a clinic.	4 Grade 12 or GED 5 Some college, no degree 6 Associate's degree 7 Bachelor's degree (for example: BA, AB, BS, BBA) 8 Master's degree 9 Professional degree beyond a bachelor's degree 10 Doctorate degree 11 Prefer not to answer 28 Where were you born? 1 United States (including its territories: Puerto Rico, Guam, etc.) 2 Outside of the United States
	a. Male condoms b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®) c. Implant (Implanon® or Nexplanon®) d. Depo-Provera® (also called "the shot") e. Birth control pills f. NuvaRing® (vaginal birth control ring) g. Other method, please specify: True or False. You can start any method of birth control that you want during one office visit to a clinic.	4 Grade 12 or GED 5 Some college, no degree 6 Associate's degree 7 Bachelor's degree (for example: BA, AB, BS, BBA) 8 Master's degree 9 Professional degree beyond a bachelor's degree 10 Doctorate degree 11 Prefer not to answer 28 Where were you born? 1 United States (including its territories: Puerto Rico, Guam, etc.) 2 Outside of the United States 3 Prefer not to answer
	a. Male condoms b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®) c. Implant (Implanon® or Nexplanon®) d. Depo-Provera® (also called "the shot") e. Birth control pills f. NuvaRing® (vaginal birth control ring) g. Other method, please specify: True or False. You can start any method of birth control that you want during one office visit to a clinic. True True False	4 Grade 12 or GED 5 Some college, no degree 6 Associate's degree 7 Bachelor's degree (for example: BA, AB, BS, BBA) 8 Master's degree 9 Professional degree beyond a bachelor's degree 10 Doctorate degree 11 Prefer not to answer 28 Where were you born? 1 United States (including its territories: Puerto Rico, Guam, etc.) 2 Outside of the United States 3 Prefer not to answer 29 Are you of Hispanic, Latina, or Spanish origin?
	a. Male condoms b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®) c. Implant (Implanon® or Nexplanon®) d. Depo-Provera® (also called "the shot") e. Birth control pills f. NuvaRing® (vaginal birth control ring) g. Other method, please specify: True or False. You can start any method of birth control that you want during one office visit to a clinic. True False It depends on the type of birth control method	4 Grade 12 or GED 5 Some college, no degree 6 Associate's degree 7 Bachelor's degree (for example: BA, AB, BS, BBA) 8 Master's degree 9 Professional degree beyond a bachelor's degree 10 Doctorate degree 11 Prefer not to answer 28 Where were you born? 1 United States (including its territories: Puerto Rico, Guam, etc.) 2 Outside of the United States 3 Prefer not to answer 29 Are you of Hispanic, Latina, or Spanish origin? 1 Yes
	a. Male condoms b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®) c. Implant (Implanon® or Nexplanon®) d. Depo-Provera® (also called "the shot") e. Birth control pills f. NuvaRing® (vaginal birth control ring) g. Other method, please specify: True or False. You can start any method of birth control that you want during one office visit to a clinic. True False It depends on the type of birth control method Don't Know	4 Grade 12 or GED 5 Some college, no degree 6 Associate's degree 7 Bachelor's degree (for example: BA, AB, BS, BBA) 8 Master's degree 9 Professional degree beyond a bachelor's degree 10 Doctorate degree 11 Prefer not to answer 28 Where were you born? 1 United States (including its territories: Puerto Rico, Guam, etc.) 2 Outside of the United States 3 Prefer not to answer 29 Are you of Hispanic, Latina, or Spanish origin? 1 Yes 2 No
	a. Male condoms b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®) c. Implant (Implanon® or Nexplanon®) d. Depo-Provera® (also called "the shot") e. Birth control pills f. NuvaRing® (vaginal birth control ring) g. Other method, please specify: True or False. You can start any method of birth control that you want during one office visit to a clinic. True False It depends on the type of birth control method	4 Grade 12 or GED 5 Some college, no degree 6 Associate's degree 7 Bachelor's degree (for example: BA, AB, BS, BBA) 8 Master's degree 9 Professional degree beyond a bachelor's degree 10 Doctorate degree 11 Prefer not to answer 28 Where were you born? 1 United States (including its territories: Puerto Rico, Guam, etc.) 2 Outside of the United States 3 Prefer not to answer 29 Are you of Hispanic, Latina, or Spanish origin? 1 Yes 2 No

	L	
Which one or more of the following would you say is your race?	36	In the PAST 12 MONTHS, did you leave a job or school because? Please check all that apply
1 ☐ Black or African American 2 ☐ White 3 ☐ Asian or Asian American 4 ☐ Native American, Alaska Native, or American Indian 5 ☐ Native Hawaiian or Pacific Islander 6 ☐ Other, please describe:		 ¹ □ COVID-19 (Coronavirus) ² □ I became pregnant ³ □ I had to take on parenting or other care-giving responsibilities ⁴ □ I left for some other reason ⁵ □ I have not left a job or school in the past 12 months ⁶ □ Prefer not to answer
⁷ ☐ Prefer not to answer	37	In studies like this, people are often grouped according to the income shared by an entire household. Thinking about your household's income from all sources in
³ □ Divorced 4 □ Separated	_	2020, what was the approximate income earned by everyone, before taxes? Your best guess is fine. If you are a student, please include the household income where you currently live even if that includes a dorm room or apartment that you rent only during the school year. \$ Don't Know
Do you currently live with a romantic partner?		-2☐ Prefer not to answer
1		What if you had some categories? Would you say your household's income in 2020 was ¹ □ Less than \$10,000 ² □ \$10,000 to less than \$15,000 ³ □ \$15,000 to less than \$20,000
Which of the following best represents how you think about yourself?		⁴ □ \$20,000 to less than \$25,000 ⁵ □ \$25,000 to less than \$30,000
² ☐ Straight, that is, not lesbian or gay ³ ☐ Bisexual		6 \$30,000 to less than \$35,000 7 \$35,000 to less than \$40,000 8 \$40,000 to less than \$50,000 9 \$50,000 to less than \$60,000 10 \$60,000 to less than \$75,000 11 \$75,000 to less than \$100,000 12 \$100,000 to less than \$150,000
At any time IN THE LAST 3 MONTHS, have you attended school or college? Include only schooling which leads to a high school diploma, or a college, graduate, or professional degree.		 13 ☐ \$150,000 or more 14 ☐ Don't Know 15 ☐ Prefer not to answer
² □ No	38	Now, please consider just yourself. During the past 12 MONTHS, did YOU receive any income from wages, salary, commissions, bonuses, or tips?
Are you currently? Please check all that apply		² ☐ No → Skip to Question 41 on Page 10 ³ ☐ Prefer not to answer → Skip to Question 40 on Page 10
 ² Self-employed ³ A student ⁴ Out of work for 1 year or more ⁵ Out of work for less than 1 year ⁶ A Homemaker ⁷ Retired ⁸ Unable to work 	39	What was the total amount of income YOU received for the PAST 12 MONTHS? Please report the amount you earned before taxes were taken out. Your best guess is fine. \$ 1 Don't Know 2 Prefer not to answer
	your race? Black or African American White Asian or Asian American Native American, Alaska Native, or American Indian Native Hawaiian or Pacific Islander Other, please describe:	your race? Black or African American White Maison Asian American Native American, Alaska Native, or American Indian Native Hawaiian or Pacific Islander Other, please describe:

			_					
40	Du	ring the PAST 12 MONTHS, how many hours did you ually work each WEEK?	43	How many children less t your household?	han 18	years of	age live	in
		Hours per week		Number of children	1			
	1 🔲 [Don't Know		¹ ☐ Don't Know				
	2 🔲	Prefer not to answer		² ☐ Prefer not to answer				
41	In t	the next set of questions, we'd like to ask about your rent living situation. Is the house, apartment, or	44	Did you live in this house	or apa	rtment 1	year ag	o?
		bile home that you're living in		¹ ☐ Yes → Skip to Quest	tion 46			
	1 🗆 (Owned by you or someone in this household with a		² ☐ No, I lived in a different h	ouse o	r apartme	ent in Ma	ryland
		mortgage or loan. <i>Include home equity loans.</i>		³ ☐ No, I lived in a different h	nouse o	r apartme	ent in and	other
	2 🔲 (Owned by you or someone in this household free and		state				d = = 6
		clear (without a mortgage or loan)		⁴ ☐ No, I lived in a different h United States	iouse o	гараппе	in outsi	ie oi trie
		Rented		⁵ □ Prefer not to answer				
		Occupied without payment of rent						
		Don't Know Prefer not to answer		Have you been living or s for more than 2 months?	taying	at your o	urrent a	iddress
				¹				
42		luding you, how many people live or stay at this dress?	- 1	² No ³ Prefer not to answer				
		III., , , , ,		Prefer not to answer				
		Number of people						
		Don't Know						
	- 🗀 1	Prefer not to answer						
		SEC	TIO	N F.				
		REPRODUC	CTIV	E HEALTH				
In	the r	next section, we'd like to learn more about your reproductiv	lth.					
46	Are	you currently covered by any of the following types of	f healt	h insurance?				
					Yes	No	Don't Know	Prefer not to answer
	a.	Insurance through current or former employer or union (by	you o	r another family member).	1	2	3	4
	h	This would include COBRA coverage	/by yo	u or another family	1 🗀	2	3□	4
	D.	Insurance purchased directly from an insurance company member). This would include coverage purchased through			1	2	3	- □
		such as marylandhealthconnection.gov		ionango or mamorpiaco,				
	C.	Medicare, for people 65 and older or people with certain d	isabilit	ies	1	2	3	4
	d.	Medicaid, Medical Assistance (MA), the Children's Health			1	2	3	4
		kind of state or government-sponsored assistance plan ba may know this type of coverage as Maryland Medical Assis						
		Choice, or Maryland Children's Health Program.	stance	e Program, Maryland Health				
	e.	TRICARE or other military health care, including VA health	care.		1	2	3	4
	f.	Indian Health Service			1	2	3	4
	g.	Any other type of health insurance or health coverage plar	n. Spec	cify:	1	2	3	4
	J						_	
	h.	I do not currently have health insurance or a health covera	ige pla	ın.	1	2	3	4

		- 1									
47	Did you have health insurance during all of the past 12 months?	50	a d	oct	how long or or othe up? A rou	r health	care pro	ovider fo	r a rou	utine	am.
	¹□ Yes → Skip to Question 49				exam for						,
	² ☐ No ³ ☐ Prefer not to answer				nin the pas	•	•				• ,
48	For how many of the past 12 months were you WITHOUT health insurance?		4 🔲 🤾	ō or	nin the pas more yea	-	s (2 year	s but less	than	5 year	rs ago)
	¹ Less than 1 month		5 [6		er i't Know						
	² ☐ 1 to 3 months ³ ☐ 4 to 6 months		7 🔲	Pre	fer not to a	ınswer					
	⁴ ☐ 7 to 12 months	51	In	the	past 12 n	nonths	have vo	u aone t	n a do	ctor (or
	⁵ ☐ Prefer not to answer				healthcar			u gone t	o a do	Ctor C	71
49	Do you have at least one person or place you think of as your personal doctor or health care provider?							Ye	s No	Don't Know	
	¹ ☐ Yes ² ☐ No			pre	method of escription f ethod	or a birth	control		2	3	4
	³ ☐ Prefer not to answer		b.		check-up o using birth			ated ¹□	2	3	4
			C.	Со	ounseling o			out 1] 2	3	4
			d.	A c	doctor, nur re provide	asked y	ou if yoυ	l			_
					int to beco xt year	me preg	nant in tr	ne ¹□	2	3	4
				-	oregnancy general G\			1	2	3	4
	If you have not gone to a doctor or other healthcare provider in the skip to Question 53 on Page 12. Otherwise, continue to Question			WO	men's visi	t)		1		³□ n 51, µ	⁴ □
52	•		hirth c	on	trol with r	espect t	o the fo	llowing (u aliti	26	
	riease rate the healthcare provider you saw most recently	101 1	Jiitii C	.011	uoi witii i	especii	o the lo	nowing (Juanin	;5.	
	a. Respecting me as a person		Po :		Fair ² □	Good ³ □	Very Good ⁴	Excellent	Dor Kno	w to	refer not answer
	 b. Letting me say what mattered to me about my birth control method 		1]	2	3	4	5	6]	7
	c. Taking my preferences about my birth control seriously		1]	2	3	4	5	6	J	7
	 d. Giving me enough information to make the best decision about my birth control method 		1]	2	3	4	5	6	l	7
	e. Keeping information about me and my care private		1_	_	2	3	4	5	6	•	7
	f. Having translation available when I want/need it		1	_	2	3	4	5	6	ı	7

	Extremely	Somewhat	Not at all	Don't Know	Prefer notes
I can stop using the birth control method at any time	1	2	3	4	5
o. I can get pregnant immediately after I stop using it	1	2	3	4	5
. The method is affordable	1	2	3	4	5
I. The method is easy to use	1	2	3	4	5
e. I don't have to remember to use the method each time I have	1	2	3 🗀	4	5
Sex	1	2	3	4 <u></u> 4 <u></u>	5
I use the method only when I am going to have sex	1	2	3 3	_	5
The method is easy for me to get	1	2 2	3	4	5
I can get it without seeing a doctor or going to a clinic The method has few or no side effects	1	2	3	4 <u></u> 4 <u></u>	5
	1 1	2	3	4	5 5
The method doesn't detract from my sexual enjoyment		2	3	4	5
The method does not detract from my partner's sexual enjoyment The method has a health benefit	1	2	3	4	5
-	1□	2	3	4	5
	1□	2	3	4	5
The method does not change my menstrual periods The method is very effective at preventing pregnancy	1□	2	3 🗆	4 □	5
	1	2	3	4	
	1	_	3	_	5 <u> </u>
 I have control over when and whether to use the method No one can tell that I am using the method 	1	2 2	3	4 <u></u> 4 <u></u>	5 5
peration (such as a hysterectomy) that makes you urrently unable to get pregnant? Yes, "tubal ligation," "tubes tied," or "Essure" Yes, hysterectomy or another operation, so unable	•	yes no no had the oper	ration revers	sed	
	Don't Kno				
If y	ase go to Qι	a tubal ligati uestion 76 on rrently preg	page 15.	or had your	tubes tie
Ionth: Year:	-	Skip to Que		Page 18	
58	Are you cu	rrently trying	g to get pre	gnant?	
	☐ Yes →	Skip to Qu	estion 83 or	Page 16	

SECTION G. CURRENT BIRTH CONTROL USE

Are you <u>currently using</u> any method or methods of birth control?	What kind(s) of birth control method(s) are you currently using? Please check all that apply.
¹ ☐ Yes → Skip to Question 61	61 Withdrawal (also called "the pull-out method")
² ☐ No	r¹ ☐ Yes
³ ☐ Prefer not to answer → Skip to Question 61	² No ³ Prefer not to answer
What are your reasons for not using any method of birth control? Please check all that apply.	If yes, did you use this method the last time you had sex with a male?
 I'm not currently having penile-vaginal sex or sex that could lead to pregnancy I just don't think about it I don't mind if I get pregnant I want to get pregnant 	¹ ☐ Yes ² ☐ No ³ ☐ Don't Know ⁴ ☐ Prefer not to answer
 ⁵ □ I don't want to use a birth control method ⁶ □ My partner doesn't want to use a birth control method ⁷ □ We just use "pulling out" 	Birth control pills. Please mark YES even if you are taking birth control pills for reasons other than to prevent pregnancy.
8 My partner is female 9 I stopped using birth control methods due to side effects 10 It's too hard to get to (no transportation or child care, cannot take time off work) 11 I didn't trust giving out my personal information to medical personnel 12 I can't pay for birth control 13 I don't think I can get pregnant 14 I recently stopped using my birth control method and haven't started it again 15 I'm worried about people in my community knowing that I'm using birth control 16 I'm currently breastfeeding 17 I think my partner is sterile and cannot impregnate me 18 I think that I might be infertile or it might be impossible for me to get pregnant 19 Religious reasons 20 I just had a baby 21 I don't have sex very often 22 I enjoy sex more when I don't use a birth control method 23 Other, please specify:	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 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 2 No 3 Don't Know 4 Prefer not to answer
24 ☐ Prefer not to answer	or other) 1

If you are <u>not</u> currently using any method or methods of birth

control, please skip to Question 76 on Page 15. Otherwise, continue to Question 61.

	What kind(s) of birth control method(s) are you <u>currently</u> <u>using</u> ? Please check all that apply	74	How confident are you that you have been using your method(s) of birth control correctly for the past 3 months?
7(Natural family planning methods (also called calendar/ rhythm method, cycle beads, basal body temperature)		¹ ☐ Completely confident
l	mythin method, cycle beads, basar body temperature,		² Somewhat confident
	r¹ Yes		³ □ Neither confident nor not confident
	² □ No		⁴ Somewhat not confident
	³ ☐ Prefer not to answer		
	If yes, did you use this method the last time you had sex		⁵ ☐ Not at all confident
	with a male?		⁶ ☐ Prefer not to answer
	¹ ☐ Yes	75	Your use of your birth control method in the past 3
	² □ No	7	months was:
	³ ☐ Don't Know		100
	⁴ ☐ Prefer not to answer		¹ ☐ Completely under your control
		.	² ☐ Somewhat under your control
7			³ ☐ Neither under your control nor out of your control
T	known as "Plan B" or Ella®)		⁴ ☐ Somewhat out of your control
	r ¹ ☐ Yes		⁵ ☐ Not at all under your control
	² □ No		⁶ ☐ Prefer not to answer
	³ Prefer not to answer		
	 	76	If you could use any birth control method you wanted,
	If yes, did you use this method the last time you had sex with a male?		what method(s) would you use?
	¹ ☐ Yes		Please check all that apply.
	□ les ²□ No		¹ ☐ I am using the method that I want to
	3 □ Don't Know		use Skip to Question 78 on Page 16
	4 ☐ Prefer not to answer		² ☐ Tubal ligation ("tubes tied") or another operation that
	Prefer not to answer		makes you unable to get pregnant
_			³ ☐ Partner's vasectomy (also known as male sterilization)
4	Partner's vasectomy (also known as male sterilization)		⁴ ☐ Withdrawal ("pulling out")
	r¹ ☐ Yes		⁵ ☐ Birth control pills ("the pill")
	² □ No		⁶ ☐ Male condoms
	³ ☐ Prefer not to answer		⁷ ☐ Birth control patch (on the skin)
	If yes, did you use this method the last time you had sex		⁸ ☐ Vaginal ring (NuvaRing® or other)
	with a male?		⁹ ☐ The shot (Depo-Provera®)
	¹ ☐ Yes		¹⁰ ☐ Female condom
	2 □ No		¹¹ ☐ Implant (in the arm; Implanon® or Nexplanon®)
	³ □ Don't Know		¹² ☐ IUD (intrauterine device; e.g., Mirena; Liletta, Skyla,
	4 ☐ Prefer not to answer		ParaGard, Kyleena)
	T Lielei liot to glismei		¹³ ☐ Fertility awareness-based methods (e.g., calendar/rhythm
7:	3 Other method		method, CycleBeads®, basal body temperature, natural family planning methods)
			¹⁴ ☐ Emergency contraception (also known as the
	T¹☐ Yes, please specify the other method:	1	morning-after pill, Plan B® or Ella®)
			¹⁵ ☐ Other method:
	2 □ No	'	
	³☐ Prefer not to answer		
	1 ⁻ .		16 ☐ I would prefer not to use any method → Skip to
	If yes, did you use this method the last time you had sex with a male?		Question 78 17 ☐ Don't Know
	¹ ☐ Yes	- 1	
	² □ No		¹⁸ ☐ Prefer not to answer
	3 ☐ Don't Know		
	⁴ ☐ Prefer not to answer		

What is the main reason you are not currently using the birth control method you want to use?	How satisfied are you with your birth control method? If not using a method, tell us how satisfied you are with using no method. If using more than one method, please report
¹ ☐ I can't afford it	on your satisfaction with the method you use most often.
² ☐ I don't have health insurance	107 6.5
³ ☐ My health insurance doesn't cover it	¹ ☐ Very satisfied
⁴ ☐ The insurance co-pays/deductibles are too high	² ☐ Somewhat satisfied
$^{5}\square$ It's too hard to get to (no transportation or child care, can't	3 ☐ Neither satisfied nor dissatisfied
take time off work)	⁴ ☐ Somewhat dissatisfied ⁵ ☐ Very dissatisfied
⁶ ☐ I don't know where I can get the birth control method I want	6 ☐ Prefer not to answer
⁷ The method that I want is not available at my doctor's office, clinic or pharmacy	81 How important is it to you to AVOID becoming pregnant
⁸ ☐ I don't want my partner or family to find out that I want to use a birth control method	now?
⁹ ☐ I don't trust giving out my personal information to medical staff	¹ Very important ² Somewhat important
¹⁰ ☐ My health care provider suggested I use something else	³ ☐ Neither important nor unimportant
¹¹ ☐ I have an appointment scheduled, but haven't gone yet	⁴ ☐ Somewhat unimportant
¹² ☐ I'm trying to get pregnant	⁵ ☐ Not at all important
¹³ ☐ My partner doesn't want to use this birth control method	⁶ ☐ Prefer not to answer
14 ☐ I'm worried about people in my community knowing that I'm using birth control	If you have had a tubal ligation, "Essure" or had your tubes tied,
¹⁵ ☐ I'm not sure	please go to Question 86 on page 18.
¹⁶ ☐ I or my partner are surgically sterile (had a tubal sterilization, vasectomy, or other operation)	82 Would you say switching your current birth control
¹⁷ ☐ Other (specify):	method and using another method of birth control in
	the next 3 months is? If you are not currently using a method, tell us how likely you are to start using a method in the next 3 months.
¹⁸ ☐ Prefer not to answer	
	¹ Very likely
Thinking about the past 3 months, about how often did	² ☐ Somewhat likely
you have sex with a male? By sex, we mean a penis was inserted in your vagina.	³ ☐ Neither likely nor unlikely
inserted in your vagina.	4 ☐ Somewhat unlikely
¹ ☐ About once a week or more	⁵ ☐ Very unlikely ⁶ ☐ Prefer not to answer
² ☐ A few times a month	Prefer flot to answer
³ ☐ About once a month	Now do you feel shout having a shild now or cometime
 ⁴ □ Less than once a month ⁵ □ I did not have sex with a male in the past 	How do you feel about having a child now or sometime in the future?
3 months Skip to Question 80	¹ ☐ I don't want to have one
⁶ ☐ Prefer not to answer	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
Thinking about the past 3 months, how often did you use a method of birth control when you had penile-	years from now $^4\Box$ I do want to have one, between 2 years to less than 5
vaginal sex or sex that could lead to pregnancy?	years from now
¹ ☐ Every time you had sex	⁵ ☐ I do want to have one, five or more years from now
² ☐ More than half the time	⁶ ☐ I do want to have one, but I'm not sure when
³ ☐ About half the time	⁷ □ Don't Know
⁴ ☐ Less than half the time	⁸ ☐ Prefer not to answer
⁵ ☐ Never	
⁶ ☐ Don't Know	
⁷ ☐ Prefer not to answer	

SECTION H. PAST PREGNANCIES

We would like to ask you about your current thoughts and feelings about the idea of becoming pregnant in the next three months or having a baby in the next year. We know that women have very different thoughts and feelings about pregnancy, and having a baby, that can change over time. Please remember that there are no right or wrong answers. For each question, choose one answer that seems right at this point in your life

А	•	4
	ж	4
v	v	
		- 4
		4

The following statements relate to your thoughts and feelings about the idea of becoming PREGNANT in the next 3 months. Even if you do not think you can become pregnant for partner or physical reasons, please imagine how you would feel about becoming pregnant.

		Stongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer not to answer
a.	I wouldn't mind it if I became pregnant in the next 3 months.	1	2	3	4	5	6
	It would be a good thing for me if I became pregnant in the next 3 months.	1	2	3	4	5	6
C.	Thinking about becoming pregnant in the next 3 months makes me feel unhappy.	1	2	3	4	5	6
d.	Thinking about becoming pregnant in the next 3 months makes me feel excited.	1	2	3	4	5	6
e.	Becoming pregnant in the next 3 months would bring me closer to my main partner. (By main partner, we mean the romantic partner that is the most serious to you. If you don't have a romantic partner, please think about the person with whom you were last sexual.)	1_	2	3	4	5	6
yc	ne following statements relate to your thoughts and feelings about the ou do not think you can have a baby for partner or physical reasons, p aby.						
				N. 74			
		Stongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer not to answer
	I want to have a baby within the next year.	Agree 1	2	Agree nor Disagree	Disagree	Disagree 5	to answer
		Agree	•	Agree nor Disagree		Disagree	to answer
a.	If I had a baby in the next year, it would be bad for my life.	Agree 1	2	Agree nor Disagree	4	Disagree 5	to answer
a. b.	If I had a baby in the next year, it would be bad for my life. It would be a positive addition to my life to have a baby in the next year. It would be the end of the world for me to have a baby in the next year.	Agree 1 1 1 1 1 1	2 2	Agree nor Disagree	4	Disagree 5 5	6 6 6 6
a. b.	If I had a baby in the next year, it would be bad for my life. It would be a positive addition to my life to have a baby in the next year. It would be the end of the world for me to have a baby in the next year.	Agree 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2	Agree nor Disagree 3 3 3 3	4	Disagree 5 5 5 5	to answer
a. b. c. d.	If I had a baby in the next year, it would be bad for my life. It would be a positive addition to my life to have a baby in the next year. It would be the end of the world for me to have a baby in the next year.	Agree 1	2	Agree nor Disagree 3 3 3 3 3 3 3 3	4	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	6 6 6 6
a. b. c. d. e.	If I had a baby in the next year, it would be bad for my life. It would be a positive addition to my life to have a baby in the next year. It would be the end of the world for me to have a baby in the next year. Thinking about having a baby within the next year makes me smile. Thinking about having a baby within the next year makes me feel stressed out.	Agree 1	2	Agree nor Disagree 3	4	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	to answer 6 6 6 6 6 6 6 6
a. b. c. d. e. f.	If I had a baby in the next year, it would be bad for my life. It would be a positive addition to my life to have a baby in the next year. It would be the end of the world for me to have a baby in the next year. Thinking about having a baby within the next year makes me smile. Thinking about having a baby within the next year makes me feel stressed out.	Agree 1	2	Agree nor Disagree 3	4	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	to answer 6
a. b. c. d. e. f.	If I had a baby in the next year, it would be bad for my life. It would be a positive addition to my life to have a baby in the next year. It would be the end of the world for me to have a baby in the next year. Thinking about having a baby within the next year makes me smile. Thinking about having a baby within the next year makes me feel stressed out. I would feel a loss of freedom if I had a baby in the next year. If I had a baby in the next year, it would be hard for me to manage raising the child.	Agree 1	2	Agree nor Disagree 3	4	5 5 5 5 5 5 5 5 5 5	to answer 6

86	Have you given birth in the past 12 months?	91	Have you ever been diagnosed as infertile?
T	¹ ☐ Yes		¹ Yes
	² □ No → Skip to Question 89		²
	³☐ Prefer not to answer → Skip to Question 89		³ □ Prefer not to answer
87	Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant?		SECTION I. PUBLIC POLICY
			SECTION I. FOBEIC FOLICT
	¹☐ I wanted to be pregnant later	Ιν	We have a few final questions related to abortion. Please
	 ² ☐ I wanted to be pregnant sooner ³ ☐ I wanted to be pregnant then 	c	consider your own thoughts, opinions, and experiences when
	⁴ ☐ I didn't want to be pregnant then or at any time in the	r	esponding.
	future	92	A woman should not fear being arrested or going to jail
	⁵ ☐ I wasn't sure what I wanted		for having an abortion (terminating a pregnancy).
	⁶ ☐ Prefer not to answer		¹ ☐ Strongly Agree
88	How did you feel when you found out you were		2 Agree
	pregnant with your new baby? Were you		³ ☐ Neither agree nor disagree
	¹ Very happy to be pregnant		⁴ ☐ Disagree
	² ☐ Happy to be pregnant		5 ☐ Strongly disagree
	³ ☐ Neither happy nor unhappy		⁶ ☐ Prefer not to answer
	⁴ ☐ Unhappy to be pregnant	93	Which comes closest to your own view on abortion?
	⁵ ☐ Very unhappy to be pregnant	9	·
	⁶ □ Prefer not to answer		 ¹☐ Having an abortion is acceptable ²☐ I am against abortion for myself, but I don't believe
89	In your lifetime, how many babies did you have that		government should prevent a woman from making the
O	were born alive?		decision for herself.
			 ³ ☐ Having an abortion is wrong. ⁴ ☐ Prefer not to answer
	Number of babies		Tree not to answer
	¹☐ Prefer not to answer	94	Do you identify as?
90	Some people are unable to get pregnant, even if they		¹ ☐ Pro-Choice
	want to. How likely do you think it is that you are infertile or would have difficulty getting pregnant?		² ☐ Pro-Life
			³ ☐ Neither
	¹☐ Not at all likely to be infertile		4 ☐ Both
	² ☐ Somewhat likely ³ ☐ Likely		⁵ ☐ Prefer not to answer
	⁴ □ Very likely to be infertile	95	Do you think abortion should be:
	5 □ Don't know	7	·
	⁶ ☐ Prefer not to answer		 ¹ ☐ Legal in all cases ² ☐ Legal in most cases
			3 ☐ Illegal in most cases
			⁴ ☐ Illegal in all cases
			5 ☐ Don't Know
			⁶ ☐ Prefer not to answer

Thank You

Thank you very much for participating in this survey. The information you provided will be used to help improve women's health in your state.

Other interested participants
Are there any other women between 18-44 in your household who we could contact to participate in this study? 1 ☐ Yes 2 ☐ No
If yes, please provide their contact information below.
First woman name: Email:
Second woman name: Email:
☐ I do not wish to provide their contact information
Incentive
If you were eligible and completed this survey, we will be sending you a \$10 Amazon, Target, or Walmart gift code. Which gift code would you prefer? <i>Please check only one</i> .
□ Amazon □ Target □ Walmart
Would you like us to email or mail the above gift code number to you?
□ Mail Only □ Email Only
If you selected for us to mail the gift code to you, please provide an updated address if the one we mailed to is incorrect.
Address 1:
Address 2:
City: State: Zip
Email:

MAILING INSTRUCTIONS

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

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

If you would like more information about the study, please call 1-877-396-4064 or send an email to womenshealth@norc. org. If you have questions about your rights as a survey participant, you may call the NORC Institutional Review Board Administrator (toll-free) at 1-866-309-0542.
If you have any comments about this survey or would like to share any other information about your experiences using birth control, please enter those in the box below.

Maryland SURVEY OF MAN SURVEY



Who should answer this survey?

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

[SUID]

Version B

SURVEY INSTRUCTIONS

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

Right Way

9399

Wrong Way

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

Researchers at NORC at the University of Chicago are asking for your help with an important study about women's health. The information you provide will help researchers better understand the methods of birth control that women use and how they feel about those methods. We will also ask about your experiences receiving reproductive healthcare and other issues related to your health and well-being.

Some topics may be sensitive for you, and you can decline to answer any question. The survey takes about 15 minutes to complete. Participation is voluntary and you may skip any questions you don't wish to answer. If you are eligible and complete the survey, we will offer you an additional \$10 gift code to your choice of Amazon, Target or Walmart. If you have questions about your rights as a survey participant before starting the survey, you may call the NORC Institutional Review Board Administrator (toll-free) at 1-866-309-0542.

The information you provide will be used by the research team for statistical purposes only. We will do our very best to protect the confidentiality of all the information we collect from you and we will not disclose your information to third parties. However, no one can guarantee complete confidentiality for data sent over the Internet. The data you provide will be stored in secure computers with password protections and only authorized members of the research team will have access to the data.

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

1-877-396-4064

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.

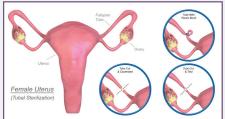
Birth control patch (Evra® or other)



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



Female sterilizing operation



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®".

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.

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 (3-6 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.

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 may 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 her 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 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 B. GENERAL HEALTH	Why didn't you get health care for yourself? Please check all that apply.
Would you say that in general your health is? Excellent	□ I was concerned about exposure to COVID-19. □ The place I usually go was closed because of COVID-19. □ I couldn't afford it. □ I didn't know where to go. □ The place where I got care was too far away. □ I could not get there when it was open. □ I could not get an appointment soon enough. □ I didn't have transportation. □ I didn't have time to go. □ I didn't have insurance.
care or health care? Please include all medical care including urgent care, ER visits, routine doctor visits, and visits with a specialist (e.g., gynecologist, dentist, eye doctor).	 I was unsure about how much of the care would be covered under my insurance. Some other reason why Please specify why:
² ☐ No ³ ☐ Prefer not to answer	13 ☐ Prefer not to answer
In the past 12 months, was there any time when you wanted health care for yourself, for any reason, but didn't get it?	In the past year, has the COVID-19 (coronavirus) pandemic affected you in any of the following ways? Please respond Yes or No for each event. More than one YES response is possible.
¹ ☐ Yes ² ☐ No → Skip to Question 7 ³ ☐ Prefer not to answer → Skip to Question 7	a. I, a partner, a dependent or close family member was diagnosed with, or suspected to have contracted, COVID-19 b. I, a partner, a dependent or close family member experienced a reduction in hours worked or lost a job due to COVID-19 reasons c. I had to delay, cancel or skip visiting my doctor or clinic for sexual or reproductive health care due to COVID-19 reasons d. I was unable to get, or delayed in getting, my birth control method due to COVID-19 reasons

SECTION C. PAST BIRTH CONTROL USE

The next few questions are about using birth control. Birth control refers to ALL the different methods for preventing pregnancy, including condoms, birth control pills, Depo-Provera (the shot), IUDs, implants, and non-prescription methods like withdrawal or "pulling out." It also includes permanent methods like sterilization (tubes tied, hysterectomy, or vasectomy) and other methods you might use, even if you used them for reasons other than to prevent pregnancy.

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

	even if you have used the method only once?
	8 Withdrawal (also called "the pull-out method")
	1 Yes 2 No 3 Don't Know 4 Prefer not to answer
	Birth control pills Please mark YES even if you are/were taking birth control pills for reasons other than to prevent pregnancy.
	1 Yes ² No ³ Don't Know ⁴ Prefer not to answer
(Birth control patch (Evra® or other)
	1 ☐ Yes 2 ☐ No 3 ☐ Don't Know 4 ☐ Prefer not to answer
	11 Vaginal ring (Nuvaring® or other)
	1 Yes ² No ³ Don't Know ⁴ 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?

IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®)
— 1 ☐ Yes
r ²□ No
³☐ Don't Know
⁴ ☐ Prefer not to answer
If no, what is the primary reason you have never used an IUD?
¹ ☐ The cost is too high
² ☐ I am not familiar with this birth control method
³ ☐ Due to my beliefs (religious or otherwise)
⁴ ☐ To avoid negative side effects
5 I am not comfortable requesting an IUD from my doctor
⁶ ☐ I am concerned about the procedure for inserting or removing the IUD
⁷ ☐ My provider did not discuss IUDs with me
8 I want control over when and whether to use the method
⁹ ☐ Other, please specify:
¹⁰ ☐ Prefer not to answer
If yes, what IUD have you used?
Please check all that apply.
¹ ☐ Liletta® (hormonal IUD used for up to 6 years)
² Mirena® (hormonal IUD used for up to 5 years)
 ³ ☐ Skyla® (hormonal IUD used for up to 3 years) ⁴ ☐ Paragard® (non-hormonal IUD used for up to 10 years,
also called the "copper IUD") ⁵ ☐ Kyleena® (hormonal IUD used for up to 5 years)
6 □ Don't Know
⁷ ☐ Prefer not to answer
If yes, in what month and year did you last have an IUD inserted? If you cannot remember exactly, please give your best estimate.
Month: Year:
¹☐ Don't Know
² ☐ Prefer not to answer
If yes, if you are no longer using that IUD, in what month and year did you have it removed or was it expelled? If you cannot remember exactly, please give your best estimate.
Month: Year:
¹ ☐ I am still using that IUD
² ☐ Don't Know
³ ☐ Prefer not to answer
If yes, did you ever feel pressured by a medical provider to keep in the IUD that you were last using or are still
using?
¹ ☐ Yes
2 No 3 Depter not to answer
³ ☐ 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?	Other barrier methods (diaphragm, sponge, cervical cap, female condom)
Implant (Implanon® or Nexplanon®)	¹ ☐ Yes
racking Tes	2 No
r²□ No	3 □ Don't Know 4 □ Prefer not to answer
³ ☐ Don't Know	- Prefer flot to answer
⁴ ☐ Prefer not to answer	17 Natural family planning methods (also called calendar/
If no, what is the primary reason you have never used an implant?	rhythm method, cycle beads, basal body temperature).
¹ ☐ The cost is too high	¹ ☐ Yes
² ☐ I am not familiar with this birth control method	² □ No
³ ☐ Due to my beliefs (religious or otherwise)	³ ☐ Don't Know
⁴ ☐ To avoid negative side effects	⁴ □ Prefer not to answer
⁵ ☐ I am not comfortable requesting an implant from my	
doctor	18 Emergency contraception (morning after pill, also
⁶ ☐ I am concerned about the procedure for inserting or removing the implant	known as "Plan B" or Ella®)
⁷ ☐ My provider did not discuss implants with me	¹ ☐ Yes
⁸ ☐ I want control over when and whether to use the	² □ No
method	³ ☐ Don't Know
⁹ ☐ Other, please specify:	⁴ ☐ Prefer not to answer
	19 Partner's vasectomy (also known as male sterilization)
¹⁰ ☐ Prefer not to answer	¹ ☐ Yes
If yes, in what month and year did you last have an	_
Implant inserted? If you cannot remember exactly, please	² □ No
give your best estimate.	³ □ Don't Know
	⁴ ☐ Prefer not to answer
Month: Year:	
¹□ Don't Know	20 Any other method not mentioned previously
200	
² □ Prefer not to answer	¹☐ Yes, please specify the other method:
If yes, if you are no longer using that Implant, in what	¹ ☐ Yes, please specify the other method:
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot	¹ ☐ Yes, please specify the other method:
If yes, if you are no longer using that Implant, in what	¹ ☐ Yes, please specify the other method: 2 ☐ No
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate.	
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year:	² No ³ Don't Know
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year: 1 I am still using that Implant	² □ No
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year: 1 I am still using that Implant 2 Don't Know	² □ No ³ □ Don't Know ⁴ □ Prefer not to answer
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year: 1 I am still using that Implant	²
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year: 1	2 No 3 Don't Know 4 Prefer not to answer In the past 12 months, have you needed a birth control method, but couldn't afford it?
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year: 1	2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 Yes
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year: 1	2 No 3 Don't Know 4 Prefer not to answer In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 Yes 2 No
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year: I am still using that Implant Don't Know Prefer not to answer If yes, did you ever feel pressured by a medical provider to keep in the implant that you were last using or are still using? Yes	2 No 3 □ Don't Know 4 □ Prefer not to answer In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 □ Yes
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year: 1	2 No 3 Don't Know 4 Prefer not to answer In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 Yes 2 No 3 Prefer not to answer
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 Yes 2 No 3 Prefer not to answer 22 In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year: 1	2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 Yes 2 No 3 Prefer not to answer 22 In the past 12 months, have you delayed or had trouble
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 Yes 2 No 3 Prefer not to answer 22 In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 Yes 2 No 3 Prefer not to answer 22 In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason?
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 Yes 2 No 3 Prefer not to answer 22 In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 Yes
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 Yes 2 No 3 Prefer not to answer 22 In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 Yes 2 No Skip to Question 24 on Page 8
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 Yes 2 No 3 Prefer not to answer 22 In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 Yes 2 No Skip to Question 24 on Page 8
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 Yes 2 No 3 Prefer not to answer 22 In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 Yes 2 No Skip to Question 24 on Page 8
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 Yes 2 No 3 Prefer not to answer 22 In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 Yes 2 No Skip to Question 24 on Page 8
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 Yes 2 No 3 Prefer not to answer 22 In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 Yes 2 No Skip to Question 24 on Page 8
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 Yes 2 No 3 Prefer not to answer 22 In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 Yes 2 No Skip to Question 24 on Page 8
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 Yes 2 No 3 Prefer not to answer 22 In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 Yes 2 No Skip to Question 24 on Page 8

23	Why did you delay or have trouble getting the birth control method that you wanted? Please check all that apply.	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
	¹ ☐ COVID-19 made it difficult.	is needed
	² ☐ I couldn't afford it.	- Ever had a pap smear
	□ I didn't have health insurance.	- Had an abortion (ended a pregnancy on purpose) in the
	⁴ My health insurance doesn't cover the method I want.	past 5 years
	•	- Diagnosed with breast cancer in the past 10 years
	⁵ ☐ I couldn't get through to a doctor, clinic, or pharmacy on the telephone.	
	⁶ ☐ Once I got to the doctor, clinic, or pharmacy the wait was	Enter number between 0-4
	too long to see someone.	¹□ Don't Know
	⁷ ☐ I didn't have transportation or a ride to the clinic/pharmacy	² ☐ Prefer not to answer
	¹⁸ ☐ I was treated unfairly.	
	9 ☐ Other, please specify:	On this next list of health experiences, how many of
Ш	Other, please specify.	these have you personally experienced? You don't
Н		need to say which ones, just how many.
1	□ Prefer not to answer	 Ever used a birth control method (such as: pills, an IUD or implant, condoms, or the shot)
L	How were you treated unfairly? I was treated	- Had a tubal or ectopic pregnancy in the past year
	unfairly Please check all that apply. 1 Because of my race/ethnicity	- Ever had your blood pressure measured
	² Because English is not my first language	Enter number between 0-3
	³ ☐ Because of my sexual orientation	¹ □ Don't Know
	· · · · · · · · · · · · · · · · · · ·	² □ Prefer not to answer
	⁴ ☐ Because of my sexual activity or lifestyle	
	⁵ ☐ Because of my gender presentation	
	⁶ ☐ Other, please specify:	SECTION E. DEMOGRAPHICS
		SECTION E. BEMISSIKAI 11165
	7 ☐ Prefer not to answer	Now we would like to ask you a few questions about your
		background.
	SECTION D. SOURCES OF MEDICAL CARE INFORMATION	What is the highest degree or level of school you have completed?
		¹ ☐ Never attended school or only attended kindergarten
24	Do you know how YOU can get any of the following	² ☐ Grades 1 through 8 (Elementary)
7	birth control methods for <u>free</u> (by FREE we mean you	³ ☐ Grades 9 through 11 (Some high school)
	don't have to pay anything out-of-pocket)?	⁴ ☐ Grade 12 or GED
		⁵ ☐ Some college, no degree
	Prefer not to	⁶ ☐ Associate's degree
	Yes No answer	⁷ ☐ Bachelor's degree (for example: BA, AB, BS, BBA)
	a. Male condoms	8 ☐ Master's degree
	b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, ¹☐ ²☐ ³☐	⁹ ☐ Professional degree beyond a bachelor's degree
	or Kyleena®)	¹⁰ □ Doctorate degree
	c. Implant (Implanon® or Nexplanon®) 1 2 3	□ Doctorate degree
	d. Depo-Provera® (also called "the shot") 1 2 3	_ 1 Total flot to dilawol
	e. Birth control pills	28 Where were you born?
	f. NuvaRing® (vaginal birth control ring) 1 2 3	Where were you born?
	g. Other method, please specify: 1 2 3	¹ ☐ United States
		(including its territories: Puerto Rico, Guam, etc.)
		² ☐ Outside of the United States
25	True on Folio Vou our start annual de la Child	³ ☐ Prefer not to answer
25	True or False. You can start any method of birth control that you want <u>during one office visit</u> to a clinic.	
		29 Are you of Hispanic, Latina, or Spanish origin?
	¹ ☐ True	¹ ☐ Yes
1	² ☐ False	
	² ☐ False ³ ☐ It depends on the type of birth control method	² □ No
	-	² □ No ³ □ Prefer not to answer
	□ It depends on the type of birth control method	
	³ ☐ It depends on the type of birth control method ⁴ ☐ Don't Know	

	L	
Which one or more of the following would you say is your race?	36	In the PAST 12 MONTHS, did you leave a job or school because? Please check all that apply
1 ☐ Black or African American 2 ☐ White 3 ☐ Asian or Asian American 4 ☐ Native American, Alaska Native, or American Indian 5 ☐ Native Hawaiian or Pacific Islander 6 ☐ Other, please describe:		 ¹ □ COVID-19 (Coronavirus) ² □ I became pregnant ³ □ I had to take on parenting or other care-giving responsibilities ⁴ □ I left for some other reason ⁵ □ I have not left a job or school in the past 12 months ⁶ □ Prefer not to answer
⁷ ☐ Prefer not to answer	37	In studies like this, people are often grouped according to the income shared by an entire household. Thinking about your household's income from all sources in
³ □ Divorced 4 □ Separated	_	2020, what was the approximate income earned by everyone, before taxes? Your best guess is fine. If you are a student, please include the household income where you currently live even if that includes a dorm room or apartment that you rent only during the school year. \$ Don't Know
Do you currently live with a romantic partner?		-2☐ Prefer not to answer
1		What if you had some categories? Would you say your household's income in 2020 was ¹ □ Less than \$10,000 ² □ \$10,000 to less than \$15,000 ³ □ \$15,000 to less than \$20,000
Which of the following best represents how you think about yourself?		⁴ □ \$20,000 to less than \$25,000 ⁵ □ \$25,000 to less than \$30,000
² ☐ Straight, that is, not lesbian or gay ³ ☐ Bisexual		6 \$30,000 to less than \$35,000 7 \$35,000 to less than \$40,000 8 \$40,000 to less than \$50,000 9 \$50,000 to less than \$60,000 10 \$60,000 to less than \$75,000 11 \$75,000 to less than \$100,000 12 \$100,000 to less than \$150,000
At any time IN THE LAST 3 MONTHS, have you attended school or college? Include only schooling which leads to a high school diploma, or a college, graduate, or professional degree.		 13 ☐ \$150,000 or more 14 ☐ Don't Know 15 ☐ Prefer not to answer
² □ No	38	Now, please consider just yourself. During the past 12 MONTHS, did YOU receive any income from wages, salary, commissions, bonuses, or tips?
Are you currently? Please check all that apply		² ☐ No → Skip to Question 41 on Page 10 ³ ☐ Prefer not to answer → Skip to Question 40 on Page 10
 ² Self-employed ³ A student ⁴ Out of work for 1 year or more ⁵ Out of work for less than 1 year ⁶ A Homemaker ⁷ Retired ⁸ Unable to work 	39	What was the total amount of income YOU received for the PAST 12 MONTHS? Please report the amount you earned before taxes were taken out. Your best guess is fine. \$ 1 Don't Know 2 Prefer not to answer
	your race? Black or African American White Asian or Asian American Native American, Alaska Native, or American Indian Native Hawaiian or Pacific Islander Other, please describe:	your race? Black or African American White Asian or Asian American Native American, Alaska Native, or American Indian Native Hawaiian or Pacific Islander Other, please describe:

40	Du	ring the PAST 12 MONTHS, how many hours did you ually work each WEEK?	43	How many children less t your household?	han 18	years of	age live	in
		Hours per week		Number of children	1			
	1 🔲 [Don't Know		¹ ☐ Don't Know				
	2 🔲	Prefer not to answer		² ☐ Prefer not to answer				
41	In t	the next set of questions, we'd like to ask about your rent living situation. Is the house, apartment, or	44	Did you live in this house	or apa	rtment 1	year ag	o?
		bile home that you're living in		¹ ☐ Yes → Skip to Quest	ion 46			
	1 🗆 (Owned by you or someone in this household with a		2 \square No, I lived in a different h	ouse o	apartme	ent in Ma	ryland
		mortgage or loan. <i>Include home equity loans.</i>		³ ☐ No, I lived in a different h	ouse o	r apartme	ent in and	other
	2 🔲 (Owned by you or someone in this household free and		state				d = = £ #b =
		clear (without a mortgage or loan)		⁴ ☐ No, I lived in a different h United States	iouse o	арапте	in outsi	ie oi trie
	_	Rented		⁵ □ Prefer not to answer				
		Occupied without payment of rent						
		Don't Know Prefer not to answer	45	Have you been living or s for more than 2 months?	taying	at your c	urrent a	iddress
				¹				
42		luding you, how many people live or stay at this dress?	- 1	² □ No				
		III		³ ☐ Prefer not to answer				
		Number of people						
		Don't Know						
	² []	Prefer not to answer						
		SEC	TIO	N F.				
		REPRODUC	CTIV	E HEALTH				
In	the r	next section, we'd like to learn more about your reproductiv	e heal	th.				
46	Are	you currently covered by any of the following types of	f healt	h insurance?				
					Yes	No	Don't Know	Prefer not to answer
	a.	Insurance through current or former employer or union (by This would include COBRA coverage	you o	r another family member).	1	2	3	4
	h	Insurance purchased directly from an insurance company	(hy yo	u or another family	1	2	3	4
	υ.	member). This would include coverage purchased through						
		such as marylandhealthconnection.gov						
	C.	Medicare, for people 65 and older or people with certain d	sabilit	ies	1	2	3	4
	d.	Medicaid, Medical Assistance (MA), the Children's Health			1	2	3	4
		kind of state or government-sponsored assistance plan ba may know this type of coverage as Maryland Medical Assis						
		Choice, or Maryland Children's Health Program.	starioc	Trogram, Maryland ricalin				
	e.	TRICARE or other military health care, including VA health	care.		1	2	3	4
	f.	Indian Health Service			1	2	3	4
	g.	Any other type of health insurance or health coverage plar	n. Spec	cify:	1	2	3	4
	h.	I do not currently have health insurance or a health covera	ge pla	ın.	1	2	3	4

		- 1									
47	Did you have health insurance during all of the past 12 months?	50	a d	oct	how long or or othe up? A rou	r health	care pro	vider fo	a rou	ıtine	am.
	¹ ☐ Yes → Skip to Question 49				exam for						,
	² ☐ No ³ ☐ Prefer not to answer				nin the pas	•	•				• ,
48	For how many of the past 12 months were you WITHOUT health insurance?		4 🔲 🤾	ō or	nin the pas more yea	-	s (2 years	s but less	than s	5 year	rs ago)
	¹ Less than 1 month		5 [6		er i't Know						
	² ☐ 1 to 3 months ³ ☐ 4 to 6 months		7 🔲	Pre	fer not to a	ınswer					
	⁴ ☐ 7 to 12 months	51	In	the	past 12 n	nonths	have vo	u aone ta	n a do	ctor c	or
	⁵ ☐ Prefer not to answer				healthcar			u gone t	o a uo	Ctor C	71
49	Do you have at least one person or place you think of as your personal doctor or health care provider?							Yes	s No	Don't Know	
	¹ ☐ Yes ² ☐ No			pre	nethod of escription f ethod	or a birth	control	_	2	3	4
	³ ☐ Prefer not to answer		b.		check-up ousing birth			ated ¹⊑	2	3	4
			C.	Со	unseling o			ut 1	2	3	4
			d.	A c	doctor, nur re provide	asked y	ou if you			_	_
					nt to beco xt year	me preg	nant in tr	1 <u></u>	2	3	4
				-	oregnancy general G\		/	1	2	3	4
	If you have not gone to a doctor or other healthcare provider in th skip to Question 53 on Page 12. Otherwise, continue to Question			WO	men's visi	t)		1		³□ n 51, µ	⁴ □
52	•		hirth c	on	trol with r	espect t	o the fo	lowing o	ualitia	26	
	riease rate the healthcare provider you saw most recently	, 101 r	Jiitii C	.011	uoi witii i	especii	o the lo	lowing q	uantie	;5.	
	a. Respecting me as a person		Po :		Fair ² □	Good ³ □	Very Good ⁴	Excellent	Don Kno	w to	refer not answer
	 b. Letting me say what mattered to me about my birth control method 		1]	2	3	4	5	6		7
	c. Taking my preferences about my birth control seriously		1]	2	3	4	5	6		7
	 d. Giving me enough information to make the best decision about my birth control method 		1]	2	3	4	5	6		7
	e. Keeping information about me and my care private		1_	_	2	3	4	5	6		7
	f. Having translation available when I want/need it		1	_	2	3	4	5	6		7

	Extremely	Somewhat	Not at all	Don't Know	Prefer notes
I can stop using the birth control method at any time	1	2	3	4	5
o. I can get pregnant immediately after I stop using it	1	2	3	4	5
. The method is affordable	1	2	3	4	5
I. The method is easy to use	1	2	3	4	5
e. I don't have to remember to use the method each time I have	1	2	3 🗀	4	5
Sex	1	2	3	4 <u></u> 4 <u></u>	5
I use the method only when I am going to have sex	1	2	3 3	_	5
The method is easy for me to get	1	2 2	3	4	5
I can get it without seeing a doctor or going to a clinic The method has few or no side effects	1	2	3	4 <u></u> 4 <u></u>	5
	1 1	2	3	4	5 5
The method doesn't detract from my sexual enjoyment		2	3	4	5
The method does not detract from my partner's sexual enjoyment The method has a health benefit	1	2	3	4	5
-	1□	2	3	4	5
	1□	2	3	4	5
The method does not change my menstrual periods The method is very effective at preventing pregnancy	1□	2	3 🗆	4 □	5
	1	2	3	4	
	1	_	3	_	5 <u> </u>
 I have control over when and whether to use the method No one can tell that I am using the method 	1	2 2	3	4 <u></u> 4 <u></u>	5 5
peration (such as a hysterectomy) that makes you urrently unable to get pregnant? Yes, "tubal ligation," "tubes tied," or "Essure" Yes, hysterectomy or another operation, so unable	•	yes no no had the oper	ration revers	sed	
	Don't Kno				
If y	ase go to Qι	a tubal ligati uestion 76 on rrently preg	page 15.	a" or had your	tubes tie
Ionth: Year:	-	Skip to Que		Page 18	
58	Are you cu	rrently trying	g to get pre	egnant?	
	☐ Yes →	Skip to Qu	estion 83 or	n Page 16	

SECTION G. CURRENT BIRTH CONTROL USE

Are you <u>currently using</u> any method or methods of birth control?	What kind(s) of birth control method(s) are you currently using? Please check all that apply.
¹ ☐ Yes → Skip to Question 61	61 Withdrawal (also called "the pull-out method")
² ☐ No	r¹ ☐ Yes
³ ☐ Prefer not to answer → Skip to Question 61	² No ³ Prefer not to answer
What are your reasons for not using any method of birth control? Please check all that apply.	If yes, did you use this method the last time you had sex with a male?
 I'm not currently having penile-vaginal sex or sex that could lead to pregnancy I just don't think about it I don't mind if I get pregnant I want to get pregnant 	¹ ☐ Yes ² ☐ No ³ ☐ Don't Know ⁴ ☐ Prefer not to answer
 ⁵ □ I don't want to use a birth control method ⁶ □ My partner doesn't want to use a birth control method ⁷ □ We just use "pulling out" 	Birth control pills. Please mark YES even if you are taking birth control pills for reasons other than to prevent pregnancy.
8 My partner is female 9 I stopped using birth control methods due to side effects 10 It's too hard to get to (no transportation or child care, cannot take time off work) 11 I didn't trust giving out my personal information to medical personnel 12 I can't pay for birth control 13 I don't think I can get pregnant 14 I recently stopped using my birth control method and haven't started it again 15 I'm worried about people in my community knowing that I'm using birth control 16 I'm currently breastfeeding 17 I think my partner is sterile and cannot impregnate me 18 I think that I might be infertile or it might be impossible for me to get pregnant 19 Religious reasons 20 I just had a baby 21 I don't have sex very often 22 I enjoy sex more when I don't use a birth control method 23 Other, please specify:	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 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 2 No 3 Don't Know 4 Prefer not to answer
24 ☐ Prefer not to answer	or other) 1

If you are <u>not</u> currently using any method or methods of birth

control, please skip to Question 76 on Page 15. Otherwise, continue to Question 61.

	What kind(s) of birth control method(s) are you <u>currently</u> <u>using</u> ? Please check all that apply	74	How confident are you that you have been using your method(s) of birth control correctly for the past 3 months?
7(Natural family planning methods (also called calendar/ rhythm method, cycle beads, basal body temperature)		¹ ☐ Completely confident
l	mythin method, cycle beads, basar body temperature,		² Somewhat confident
	r¹ Yes		³ □ Neither confident nor not confident
	² □ No		⁴ Somewhat not confident
	³ ☐ Prefer not to answer		_
	If yes, did you use this method the last time you had sex		⁵ ☐ Not at all confident
	with a male?		⁶ ☐ Prefer not to answer
	¹ ☐ Yes	75	Your use of your birth control method in the past 3
	² □ No	7	months was:
	³ ☐ Don't Know		100
	⁴ ☐ Prefer not to answer		¹ ☐ Completely under your control
		.	² ☐ Somewhat under your control
7			³ ☐ Neither under your control nor out of your control
T	known as "Plan B" or Ella®)		⁴ ☐ Somewhat out of your control
	r ¹ ☐ Yes		⁵ ☐ Not at all under your control
	² □ No		⁶ ☐ Prefer not to answer
	³ Prefer not to answer		
	 	76	If you could use any birth control method you wanted,
	If yes, did you use this method the last time you had sex with a male?		what method(s) would you use?
	¹ ☐ Yes		Please check all that apply.
	□ les ²□ No		¹ ☐ I am using the method that I want to
	3 □ Don't Know		use Skip to Question 78 on Page 16
	4 ☐ Prefer not to answer		² ☐ Tubal ligation ("tubes tied") or another operation that
	Prefer not to answer		makes you unable to get pregnant
_			³ ☐ Partner's vasectomy (also known as male sterilization)
4	Partner's vasectomy (also known as male sterilization)		⁴ ☐ Withdrawal ("pulling out")
	r¹ ☐ Yes		⁵ ☐ Birth control pills ("the pill")
	² □ No		⁶ ☐ Male condoms
	³ ☐ Prefer not to answer		⁷ ☐ Birth control patch (on the skin)
	If yes, did you use this method the last time you had sex		⁸ ☐ Vaginal ring (NuvaRing® or other)
	with a male?		⁹ ☐ The shot (Depo-Provera®)
	¹ ☐ Yes		¹⁰ ☐ Female condom
	2 □ No		¹¹ ☐ Implant (in the arm; Implanon® or Nexplanon®)
	³ □ Don't Know		¹² ☐ IUD (intrauterine device; e.g., Mirena; Liletta, Skyla,
	4 ☐ Prefer not to answer		ParaGard, Kyleena)
	T Lielei liot to glismei		¹³ ☐ Fertility awareness-based methods (e.g., calendar/rhythm
7:	3 Other method		method, CycleBeads®, basal body temperature, natural family planning methods)
			¹⁴ ☐ Emergency contraception (also known as the
	T¹☐ Yes, please specify the other method:	1	morning-after pill, Plan B® or Ella®)
			¹⁵ ☐ Other method:
	2 □ No	'	
	³☐ Prefer not to answer		
	1 ⁻ .		16 ☐ I would prefer not to use any method → Skip to
	If yes, did you use this method the last time you had sex with a male?		Question 78 17 ☐ Don't Know
	¹ ☐ Yes	- 1	
	² □ No		¹⁸ ☐ Prefer not to answer
	3 □ Don't Know		
	⁴ ☐ Prefer not to answer		

What is the main reason you are not currently using the birth control method you want to use?	How satisfied are you with your birth control method? If not using a method, tell us how satisfied you are with using no method. If using more than one method, please report
¹ ☐ I can't afford it	on your satisfaction with the method you use most often.
² ☐ I don't have health insurance	107 6.5
³ ☐ My health insurance doesn't cover it	¹ ☐ Very satisfied
⁴ ☐ The insurance co-pays/deductibles are too high	² ☐ Somewhat satisfied
$^{5}\square$ It's too hard to get to (no transportation or child care, can't	3 ☐ Neither satisfied nor dissatisfied
take time off work)	⁴ ☐ Somewhat dissatisfied ⁵ ☐ Very dissatisfied
⁶ ☐ I don't know where I can get the birth control method I want	6 ☐ Prefer not to answer
⁷ The method that I want is not available at my doctor's office, clinic or pharmacy	81 How important is it to you to AVOID becoming pregnant
⁸ ☐ I don't want my partner or family to find out that I want to use a birth control method	now?
⁹ ☐ I don't trust giving out my personal information to medical staff	¹ Very important ² Somewhat important
¹⁰ ☐ My health care provider suggested I use something else	³ ☐ Neither important nor unimportant
¹¹ ☐ I have an appointment scheduled, but haven't gone yet	⁴ ☐ Somewhat unimportant
¹² ☐ I'm trying to get pregnant	⁵ ☐ Not at all important
¹³ ☐ My partner doesn't want to use this birth control method	⁶ ☐ Prefer not to answer
14 ☐ I'm worried about people in my community knowing that I'm using birth control	If you have had a tubal ligation, "Essure" or had your tubes tied,
¹⁵ ☐ I'm not sure	please go to Question 86 on page 18.
¹⁶ ☐ I or my partner are surgically sterile (had a tubal sterilization, vasectomy, or other operation)	82 Would you say switching your current birth control
¹⁷ ☐ Other (specify):	method and using another method of birth control in
	the next 3 months is? If you are not currently using a method, tell us how likely you are to start using a method in the next 3 months.
¹⁸ ☐ Prefer not to answer	
	¹ ☐ Very likely
Thinking about the past 3 months, about how often did	² ☐ Somewhat likely
you have sex with a male? By sex, we mean a penis was inserted in your vagina.	³ ☐ Neither likely nor unlikely
inserted in your vagina.	4 ☐ Somewhat unlikely
¹ ☐ About once a week or more	⁵ ☐ Very unlikely ⁶ ☐ Prefer not to answer
² ☐ A few times a month	Prefer flot to answer
³ ☐ About once a month	Way do you feel shout having a shild new or cometime
 ⁴ □ Less than once a month ⁵ □ I did not have sex with a male in the past 	How do you feel about having a child now or sometime in the future?
3 months Skip to Question 80	¹ ☐ I don't want to have one
⁶ ☐ Prefer not to answer	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
Thinking about the past 3 months, how often did you use a method of birth control when you had penile-	years from now ⁴ ☐ I do want to have one, between 2 years to less than 5
vaginal sex or sex that could lead to pregnancy?	years from now
¹ Every time you had sex	⁵ ☐ I do want to have one, five or more years from now
² ☐ More than half the time	⁶ ☐ I do want to have one, but I'm not sure when
³ ☐ About half the time	⁷ □ Don't Know
⁴ ☐ Less than half the time	⁸ ☐ Prefer not to answer
⁵ ☐ Never	
⁶ ☐ Don't Know	
⁷ ☐ Prefer not to answer	

SECTION H. PAST PREGNANCIES

We would like to ask you about your current thoughts and feelings about the idea of becoming pregnant in the next three months or having a baby in the next year. We know that women have very different thoughts and feelings about pregnancy, and having a baby, that can change over time. Please remember that there are no right or wrong answers. For each question, choose one answer that seems right at this point in your life

А	•	4
	ж	4
v	v	
		- 4
		4

The following statements relate to your thoughts and feelings about the idea of becoming PREGNANT in the next 3 months. Even if you do not think you can become pregnant for partner or physical reasons, please imagine how you would feel about becoming pregnant.

		Stongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer not to answer
a.	I wouldn't mind it if I became pregnant in the next 3 months.	1	2	3	4	5	6
	It would be a good thing for me if I became pregnant in the next 3 months.	1	2	3	4	5	6
C.	Thinking about becoming pregnant in the next 3 months makes me feel unhappy.	1	2	3	4	5	6
d.	Thinking about becoming pregnant in the next 3 months makes me feel excited.	1	2	3	4	5	6
e.	Becoming pregnant in the next 3 months would bring me closer to my main partner. (By main partner, we mean the romantic partner that is the most serious to you. If you don't have a romantic partner, please think about the person with whom you were last sexual.)	1_	2	3	4	5	6
yc	ne following statements relate to your thoughts and feelings about the ou do not think you can have a baby for partner or physical reasons, p aby.						
				N. 74			
		Stongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer not to answer
	I want to have a baby within the next year.	Agree 1	2	Agree nor Disagree	Disagree	Disagree 5	to answer
		Agree	•	Agree nor Disagree		Disagree	to answer
a.	If I had a baby in the next year, it would be bad for my life.	Agree 1	2	Agree nor Disagree	4	Disagree 5	to answer
a. b.	If I had a baby in the next year, it would be bad for my life. It would be a positive addition to my life to have a baby in the next year. It would be the end of the world for me to have a baby in the next year.	Agree 1 1 1 1 1 1	2 2	Agree nor Disagree	4	Disagree 5 5	6 6 6 6
a. b.	If I had a baby in the next year, it would be bad for my life. It would be a positive addition to my life to have a baby in the next year. It would be the end of the world for me to have a baby in the next year.	Agree 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2	Agree nor Disagree 3 3 3 3	4	Disagree 5 5 5 5	to answer
a. b. c. d.	If I had a baby in the next year, it would be bad for my life. It would be a positive addition to my life to have a baby in the next year. It would be the end of the world for me to have a baby in the next year.	Agree' 1	2	Agree nor Disagree 3 3 3 3 3 3 3 3	4	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	6 6 6 6
a. b. c. d. e.	If I had a baby in the next year, it would be bad for my life. It would be a positive addition to my life to have a baby in the next year. It would be the end of the world for me to have a baby in the next year. Thinking about having a baby within the next year makes me smile. Thinking about having a baby within the next year makes me feel stressed out.	Agree 1	2	Agree nor Disagree 3	4	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	to answer 6 6 6 6 6 6 6 6
a. b. c. d. e. f.	If I had a baby in the next year, it would be bad for my life. It would be a positive addition to my life to have a baby in the next year. It would be the end of the world for me to have a baby in the next year. Thinking about having a baby within the next year makes me smile. Thinking about having a baby within the next year makes me feel stressed out.	Agree 1	2	Agree nor Disagree 3	4	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	to answer 6
a. b. c. d. e. f.	If I had a baby in the next year, it would be bad for my life. It would be a positive addition to my life to have a baby in the next year. It would be the end of the world for me to have a baby in the next year. Thinking about having a baby within the next year makes me smile. Thinking about having a baby within the next year makes me feel stressed out. I would feel a loss of freedom if I had a baby in the next year. If I had a baby in the next year, it would be hard for me to manage raising the child.	Agree 1	2	Agree nor Disagree 3	4	5 5 5 5 5 5 5 5 5 5	to answer 6

86	Have you given birth in the past 12 months?	91	Have you ever been diagnosed as infertile?
T	¹ ☐ Yes		¹ Yes
	² □ No → Skip to Question 89		²
	³☐ Prefer not to answer → Skip to Question 89		³ □ Prefer not to answer
87	Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant?		SECTION I. PUBLIC POLICY
			SECTION I. FOBEIC FOLICT
	¹☐ I wanted to be pregnant later	Ιν	We have a few final questions related to abortion. Please
	 ² ☐ I wanted to be pregnant sooner ³ ☐ I wanted to be pregnant then 	c	consider your own thoughts, opinions, and experiences when
	⁴ ☐ I didn't want to be pregnant then or at any time in the	r	esponding.
	future	92	A woman should not fear being arrested or going to jail
	⁵ ☐ I wasn't sure what I wanted		for having an abortion (terminating a pregnancy).
	⁶ ☐ Prefer not to answer		¹ ☐ Strongly Agree
88	How did you feel when you found out you were		2 Agree
	pregnant with your new baby? Were you		³ ☐ Neither agree nor disagree
	¹ Very happy to be pregnant		⁴ ☐ Disagree
	² ☐ Happy to be pregnant		5 ☐ Strongly disagree
	³ ☐ Neither happy nor unhappy		⁶ ☐ Prefer not to answer
	⁴ ☐ Unhappy to be pregnant	93	Which comes closest to your own view on abortion?
	⁵ ☐ Very unhappy to be pregnant	9	·
	⁶ □ Prefer not to answer		 ¹☐ Having an abortion is acceptable ²☐ I am against abortion for myself, but I don't believe
89	In your lifetime, how many babies did you have that		government should prevent a woman from making the
O	were born alive?		decision for herself.
			 ³ ☐ Having an abortion is wrong. ⁴ ☐ Prefer not to answer
	Number of babies		Tree not to answer
	¹☐ Prefer not to answer	94	Do you identify as?
90	Some people are unable to get pregnant, even if they		¹ ☐ Pro-Choice
	want to. How likely do you think it is that you are infertile or would have difficulty getting pregnant?		² ☐ Pro-Life
			³ ☐ Neither
	¹☐ Not at all likely to be infertile		4 ☐ Both
	² ☐ Somewhat likely ³ ☐ Likely		⁵ ☐ Prefer not to answer
	⁴ □ Very likely to be infertile	95	Do you think abortion should be:
	5 □ Don't know	7	·
	⁶ ☐ Prefer not to answer		 ¹ ☐ Legal in all cases ² ☐ Legal in most cases
			3 ☐ Illegal in most cases
			⁴ ☐ Illegal in all cases
			5 ☐ Don't Know
			⁶ ☐ Prefer not to answer

Thank You

Thank you very much for participating in this survey. The information you provided will be used to help improve women's health in your state.

Other interested participants
Are there any other women between 18-44 in your household who we could contact to participate in this study? 1 ☐ Yes 2 ☐ No
If yes, please provide their contact information below.
First woman name: Email:
Second woman name: Email:
☐ I do not wish to provide their contact information
Incentive
If you were eligible and completed this survey, we will be sending you a \$10 Amazon, Target, or Walmart gift code. Which gift code would you prefer? <i>Please check only one</i> .
□ Amazon □ Target □ Walmart
Would you like us to email or mail the above gift code number to you?
□ Mail Only □ Email Only
If you selected for us to mail the gift code to you, please provide an updated address if the one we mailed to is incorrect.
Address 1:
Address 2:
City: State: Zip
Email:

MAILING INSTRUCTIONS

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

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

If you would like more information about the study, please call 1-877-396-4064 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.

Delaware in SURVEY OF ALLA VOICEN



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.

Right Way

9399

Wrong Way

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

Researchers at NORC at the University of Chicago are asking for your help with an important study about women's health. The information you provide will help researchers better understand the methods of birth control that women use and how they feel about those methods. We will also ask about your experiences receiving reproductive healthcare and other issues related to your health and well-being.

Some topics may be sensitive for you, and you can decline to answer any question. The survey takes about 15 minutes to complete. Participation is voluntary and you may skip any questions you don't wish to answer. If you are eligible and complete the survey, we will offer you an additional \$10 gift code to your choice of Amazon, Target or Walmart. If you have questions about your rights as a survey participant before starting the survey, you may call the NORC Institutional Review Board Administrator (toll-free) at 1-866-309-0542.

The information you provide will be used by the research team for statistical purposes only. We will do our very best to protect the confidentiality of all the information we collect from you and we will not disclose your information to third parties. However, no one can guarantee complete confidentiality for data sent over the Internet. The data you provide will be stored in secure computers with password protections and only authorized members of the research team will have access to the data.

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

1-877-396-4064

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.

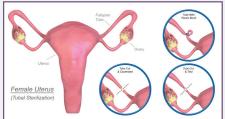
Birth control patch (Evra® or other)



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



Female sterilizing operation



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®".

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.

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 (3-6 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.

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 may 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 her 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 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 B. GENERA	LH	IΕΑ	LTH	I	6	In the past 12 months, was there any time when you wanted health care for yourself, for any reason, but didn't get it?
3	W	ould you say that in general your h	ıealt	h is	?			¹ Yes
	1 🔲	Excellent					1	² □ No → Skip to Question 8
		Very good Good						³☐ Prefer not to answer → Skip to Question 8
	4 <u> </u>	Fair Poor					7	Why didn't you get health care for yourself? Please check all that apply.
4	In ca ind vis	Prefer not to answer the past 12 months, have you rece re or health care? Please include and eluding urgent care, ER visits, routine its with a specialist (e.g., gynecologis ctor).	II me	dical tor vi	care sits, ai			 I was concerned about exposure to COVID-19. The place I usually go was closed because of COVID-19. I couldn't afford it. I didn't know where to go. The place where I got care was too far away. I could not get there when it was open. I could not get an appointment soon enough.
		No → Skip to Question 6						⁸ ☐ I did not have transportation.
		Prefer not to answer -> Skip to G	Ques	tion 6	6			⁹ ☐ I didn't have time to go.
		•					1	¹⁰ ☐ I didn't have insurance.
5		the past 12 months, have you rece health care from any of the follow				are		 I was unsure about how much of the care would be covered under my insurance. Some other reason why
					David	Prefer		Please specify why:
				No	Don't Know	not to answer		
		Westside Family Healthcare Delaware State University Health		2	3	4	1	¹³ ☐ Prefer not to answer
		Clinic	1	2	3 🗀	4	8	In the past year, has the COVID-19 (coronavirus)
		La Red Health Center	_	2 2	3	4 4		pandemic affected you in any of the following ways?
		Planned Parenthood of Delaware Henrietta Johnson Medical Center	1	2 2	3 3	4		Please respond Yes or No for each event. More than one YES response is possible.
		Family Wellness Center/Delaware Families First	1	_	3	4		Prefer
	g.	Delaware State University Student Health Services	1	2	3	4		a. I, a partner, a dependent or close 1 □ 2 □ 3 □
	h.	A school based health clinic	1	2	3	4		family member was diagnosed with, or
	i.	Edward W. Pyle State Service Center	1	2	3	4		suspected to have contracted, COVID-19 b. I, a partner, a dependent or close family 1 2 3 member experienced a reduction in hours
	j.	Thurman Adams State Service Center (formerly the Georgetown State Service Center)	1	2	3	4		worked or lost a job due to COVID-19 reasons
	k.	Milford Riverwalk State Service Center	1	2	3	4		c. I had to delay, cancel or skip visiting my 1 2 3 doctor or clinic for sexual or reproductive health care due to COVID-19 reasons
	I.	Anna C. Shipley State Service Center	1	2	3	4		d. I was unable to get, or delayed in getting, 1 2 3 my birth control method due to COVID-19 reasons

SECTION C. PAST BIRTH CONTROL USE

The next few questions are about using birth control. Birth control refers to ALL the different methods for preventing pregnancy, including condoms, birth control pills, Depo-Provera (the shot), IUDs, implants, and non-prescription methods like withdrawal or "pulling out." It also includes permanent methods like sterilization (tubes tied, hysterectomy, or vasectomy) and other methods you might use, even if you used them for reasons other than to prevent pregnancy.

	even if you have used the method only once?
	9 Withdrawal (also called "the pull-out method")
	1 Yes 2 No 3 Don't Know 4 Prefer not to answer
	Birth control pills Please mark YES even if you are/were taking birth control pills for reasons other than to prevent pregnancy.
	1 Yes 2 No 3 Don't Know 4 Prefer not to answer
(Birth control patch (Evra® or other)
	1 ☐ Yes 2 ☐ No 3 ☐ Don't Know 4 ☐ Prefer not to answer
(Vaginal ring (Nuvaring® or other)
	1 Yes 2 No 3 Don't Know 4 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 ever used any of these birth control methods, even if you have used the method only once?

IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®)
— 1 ☐ Yes
r ²□ No
³☐ Don't Know
⁴ ☐ Prefer not to answer
If no, what is the primary reason you have never used an IUD?
¹ ☐ The cost is too high
$^2\square$ I am not familiar with this birth control method
³ ☐ Due to my beliefs (religious or otherwise)
⁴ ☐ To avoid negative side effects
5 I am not comfortable requesting an IUD from my doctor
⁶ I am concerned about the procedure for inserting or removing the IUD
⁷ ☐ My provider did not discuss IUDs with me
8 I want control over when and whether to use the method
⁹ ☐ Other, please specify:
¹⁰ ☐ Prefer not to answer
If yes, what IUD have you used?
Please check all that apply.
¹☐ Liletta® (hormonal IUD used for up to 6 years)
² Mirena® (hormonal IUD used for up to 5 years)
³ ☐ Skyla® (hormonal IUD used for up to 3 years)
⁴ Paragard [®] (non-hormonal IUD used for up to 10 years, also called the "copper IUD")
⁵ ☐ Kyleena® (hormonal IUD used for up to 5 years)
6 □ Don't Know
⁷ ☐ Prefer not to answer
If yes, in what month and year did you last have an IUD inserted? If you cannot remember exactly, please give your best estimate.
Month: Year:
1 ☐ Don't Know
² ☐ Prefer not to answer
If yes, if you are no longer using that IUD, in what month and year did you have it removed or was it expelled? If you cannot remember exactly, please give your best estimate.
Month: Year:
¹ ☐ I am still using that IUD
² ☐ Don't Know
³ ☐ Prefer not to answer
If yes, did you ever feel pressured by a medical provider to keep in the IUD that you were last using or are still
using?
¹ ☐ Yes
² □ No
³ ☐ Prefer not to answer

	cap, female condom)
5 Implant (Implanon® or Nexplanon®)	¹ ☐ Yes
r ¹ ☐ Yes	² □ No
rc2 No	3 ☐ Don't Know
³ □ Don't Know	⁴ ☐ Prefer not to answer
4□ Prefer not to answer	
If no, what is the primary reason <u>you have never used</u> an implant?	Natural family planning methods (also called calendar/rhythm method, cycle beads, basal body temperature).
¹ ☐ The cost is too high	¹ ☐ Yes
2 ☐ I am not familiar with this birth control method	² □ No
³ ☐ Due to my beliefs (religious or otherwise)	³ ☐ Don't Know
⁴ ☐ To avoid negative side effects	⁴ ☐ Prefer not to answer
⁵ ☐ I am not comfortable requesting an implant from my	
doctor $^6\Box$ I am concerned about the procedure for inserting or	Emergency contraception (morning after pill, also known as "Plan B" or Ella®)
removing the implant	¹ ☐ Yes
⁷ ☐ My provider did not discuss implants with me	² No
⁸ ☐ I want control over when and whether to use the	³ □ Don't Know
method	⁴ □ Prefer not to answer
⁹ ☐ Other, please specify:	Troid not to unowor
	20 Partner's vasectomy (also known as male sterilization)
10 ☐ Prefer not to answer	
If yes, in what month and year did you last have an	¹□ Yes
Implant inserted? If you cannot remember exactly, please	² ☐ No
give your best estimate.	³☐ Don't Know
	⁴ ☐ Prefer not to answer
Month: Year:	
¹☐ Don't Know	Any other method not mentioned previously
² Prefer not to answer	¹ ☐ Yes, please specify the other method:
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot	
remember exactly, please give your best estimate.	² □ No
	³ ☐ Don't Know
Month: Year:	⁴ ☐ Prefer not to answer
¹ ☐ I am still using that Implant	
² ☐ Don't Know	In the past 12 months, have you needed a birth control
³☐ Prefer not to answer	method, but couldn't afford it?
If yes, did you ever feel pressured by a medical provider	¹□ Yes
to keep in the implant that you were last using or are still	¹ ☐ Yes ² ☐ No
to keep in the implant that you were last using or are still using?	² □ No
to keep in the implant that you were last using or are still using? $^1\Box$ Yes	
to keep in the implant that you were last using or are still using?	 No ³ □ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any
to keep in the implant that you were last using or are still using? ¹□ Yes ²□ No	 No ⇒ Prefer not to answer In the past 12 months, have you delayed or had trouble
to keep in the implant that you were last using or are still using? 1 Yes 2 No 3 Prefer not to answer Male condoms	 No ³ □ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any
to keep in the implant that you were last using or are still using? 1 Yes 2 No 3 Prefer not to answer Male condoms 1 Yes	 No ³ ☐ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason?
to keep in the implant that you were last using or are still using? 1	 No Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? Yes
to keep in the implant that you were last using or are still using? 1 Yes 2 No 3 Prefer not to answer Male condoms 1 Yes 2 No 3 Don't Know	 2 □ No 3 □ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 □ Yes 2 □ No → Skip to Question 25 on Page 8
to keep in the implant that you were last using or are still using? 1	 2 □ No 3 □ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 □ Yes 2 □ No → Skip to Question 25 on Page 8
to keep in the implant that you were last using or are still using? 1 Yes 2 No 3 Prefer not to answer Male condoms 1 Yes 2 No 3 Don't Know	 2 □ No 3 □ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 □ Yes 2 □ No → Skip to Question 25 on Page 8
to keep in the implant that you were last using or are still using? 1 Yes 2 No 3 Prefer not to answer Male condoms 1 Yes 2 No 3 Don't Know	 2 □ No 3 □ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 □ Yes 2 □ No → Skip to Question 25 on Page 8
to keep in the implant that you were last using or are still using? 1 Yes 2 No 3 Prefer not to answer Male condoms 1 Yes 2 No 3 Don't Know	 2 □ No 3 □ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 □ Yes 2 □ No → Skip to Question 25 on Page 8
to keep in the implant that you were last using or are still using? 1 Yes 2 No 3 Prefer not to answer Male condoms 1 Yes 2 No 3 Don't Know	 2 □ No 3 □ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 □ Yes 2 □ No → Skip to Question 25 on Page 8
to keep in the implant that you were last using or are still using? 1 Yes 2 No 3 Prefer not to answer Male condoms 1 Yes 2 No 3 Don't Know	 2 □ No 3 □ Prefer not to answer 23 In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 □ Yes 2 □ No → Skip to Question 25 on Page 8

		L	
24	Why did you delay or have trouble getting the birth control method that you wanted? Please check all that apply.	27a	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
	¹ ☐ COVID-19 made it difficult. ² ☐ I couldn't afford it.		is needed - Ever had a pap smear - Diagnosed with breast cancer in the past 10 years
	³ ☐ I didn't have health insurance.		- Diagnosed with breast cancer in the past to years
	⁴ ☐ My health insurance doesn't cover the method I want.		
	⁵ ☐ I couldn't get through to a doctor, clinic, or pharmacy on		Enter number between 0-3
	the telephone.		1 □ Don't Know
	⁶ ☐ Once I got to the doctor, clinic, or pharmacy the wait was too long to see someone.		² ☐ Prefer not to answer
	⁷ ☐ I didn't have transportation or a ride to the clinic/pharmacy	27b	
ΙГ	^{■8} ☐ I was treated unfairly.		these have you personally experienced? You don't
Н	⁹ ☐ Other, please specify:		need to say which ones, just how many Ever used a birth control method (such as: pills, an IUD or
Н			implant, condoms, or the shot)
Н	10 C D C 11		- Had an abortion (ended a pregnancy on purpose) in the
Н	¹⁰ ☐ Prefer not to answer		past 5 years
-	How were you treated unfairly? I was treated unfairly Please check all that apply.		 - Had a tubal or ectopic pregnancy in the past year - Ever had your blood pressure measured
	¹ ☐ Because of my race/ethnicity		Enter number between 0.4
	² ☐ Because English is not my first language		Enter number between 0-4
	³ ☐ Because of my sexual orientation		1 □ Don't Know
	⁴ ☐ Because of my sexual activity or lifestyle		² ☐ Prefer not to answer
	⁵ ☐ Because of my gender presentation		
	⁶ ☐ Other, please specify:		SECTION E. DEMOGRAPHICS
			SECTION E. DEMOGRAPHICS
	7.00		
	⁷ □ Prefer not to answer		Now we would like to ask you a few questions about your background.
	SECTION D. SOURCES OF MEDICAL CARE INFORMATION	28	What is the highest degree or level of school you have completed?
			¹ ☐ Never attended school or only attended kindergarten
25	Do you know how YOU can get any of the following		² ☐ Grades 1 through 8 (Elementary)
	birth control methods for free (by FREE we mean you		³ ☐ Grades 9 through 11 (Some high school)
	don't have to pay anything out-of-pocket)?		⁴ ☐ Grade 12 or GED
	n.c.		⁵ ☐ Some college, no degree
	Prefer not to		⁶ ☐ Associate's degree
	a. Male condoms Yes No answer 1 □ 2 □ 3 □		⁷ ☐ Bachelor's degree (for example: BA, AB, BS, BBA)
			⁸ ☐ Master's degree
	 b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, ¹☐ ²☐ ³☐ or Kyleena®) 		⁹ ☐ Professional degree beyond a bachelor's degree
	c. Implant (Implanon® or Nexplanon®) 1 2 3		¹⁰ ☐ Doctorate degree
	d. Depo-Provera® (also called "the shot") 1 □ 2 □ 3 □		¹¹ ☐ Prefer not to answer
	e. Birth control pills		
	f. NuvaRing® (vaginal birth control ring) 1 2 3	29	Where were you born?
			¹ United States
	g. Other method, please specify:		(including its territories: Puerto Rico, Guam, etc.)
			² ☐ Outside of the United States
			³☐ Prefer not to answer
26	True or False. You can start any method of birth control		
	that you want <u>during one office visit</u> to a clinic.	30	Are you of Hispanic, Latina, or Spanish origin?
	¹ ☐ True		,
	² ☐ False		¹ ☐ Yes
	³ ☐ It depends on the type of birth control method		² ☐ No
	4 ☐ Don't Know		³ Prefer not to answer
	⁵ ☐ Prefer not to answer		

_			
31	Which one or more of the following would you say is your race?	37	In the PAST 12 MONTHS, did you leave a job or school because? Please check all that apply
	¹ ☐ Black or African American		¹ ☐ COVID-19 (Coronavirus)
	² White		² ☐ I became pregnant
	³ ☐ Asian or Asian American		³ ☐ I had to take on parenting or other care-giving
	⁴ ☐ Native American, Alaska Native, or American Indian		responsibilities
	⁵ ☐ Native Hawaiian or Pacific Islander		⁴ ☐ I left for some other reason
	⁶ ☐ Other, please describe:		$^{5}\square$ I have not left a job or school in the past 12 months
	· 1	1	⁶ ☐ Prefer not to answer
	⁷ □ Prefer not to answer	38	to the income shared by an entire household. Thinking
32	What is your current marital status?		about your household's income from all sources in 2020, what was the approximate income earned by
	¹ ☐ Now married		everyone, before taxes? Your best guess is fine. If you are a student, please include the household income where
	² ☐ Widowed		you currently live even if that includes a dorm room or
	³ ☐ Divorced		apartment that you rent only during the school year.
	⁴ ☐ Separated		
	5 □ Never married		\$
	⁶ □ Prefer not to answer	١.	□ Don't Know
		- 1 [
33	Do you currently live with a romantic partner?		→ 2 □ Prefer not to answer
	bo you currently live with a romantic partier:	١, ١	What if you had some categories? Would you say your
	¹ ☐ Yes		household's income in 2020 was
	² ☐ No		¹ ☐ Less than \$10,000
	³ ☐ Prefer not to answer		² ☐ \$10,000 to less than \$15,000
			³ ☐ \$15,000 to less than \$20,000
34	Which of the following best represents how you think		⁴ □ \$20,000 to less than \$25,000
	about yourself?		⁵ ☐ \$25,000 to less than \$30,000
	¹ Lesbian or Gay		⁶ ☐ \$30,000 to less than \$35,000
			⁷ ☐ \$35,000 to less than \$40,000
	² ☐ Straight, that is, not lesbian or gay ³ ☐ Bisexual		⁸ ☐ \$40,000 to less than \$50,000
			⁹ □ \$50,000 to less than \$60,000
	⁴ ☐ Something else		¹⁰ □ \$60,000 to less than \$75,000
	5 Don't Know		¹¹ □ \$75,000 to less than \$100,000
	⁶ □ Prefer not to answer		¹² ☐ \$100,000 to less than \$150,000
			¹³ ☐ \$150,000 or more
35	At any time IN THE LAST 3 MONTHS, have you		¹⁴ ☐ Don't Know
	attended school or college? Include only schooling which leads to a high school diploma, or a college, graduate, or		¹⁵ ☐ Prefer not to answer
	professional degree.		
		39	Now, please consider just yourself. During the past 12
	¹ ☐ Yes		MONTHS, did YOU receive any income from wages,
	² □ No		salary, commissions, bonuses, or tips?
	³ ☐ Prefer not to answer		¹□ Yes
			² ☐ No → Skip to Question 42 on Page 10
36	Are you currently? Please check all that apply		³ ☐ Prefer not to answer → Skip to Question 41 on Page 10
	¹ ☐ Employed for wages		_ · · · · · · · · · · · · · · · · · · ·
	²□ Self-employed	40	What was the total amount of income YOU received
	³ ☐ A student	4	for the PAST 12 MONTHS? Please report the amount you
	⁴ ☐ Out of work for 1 year or more		earned before taxes were taken out. Your best guess is
	5 ☐ Out of work for less than 1 year		fine.
	6 ☐ A Homemaker		
			\$
1	7 □ Potirod		
	7 ☐ Retired		¹ □ Don't Know
	⁸ ☐ Unable to work		
			¹ □ Don't Know ² □ Prefer not to answer
	⁸ ☐ Unable to work		
	⁸ ☐ Unable to work		

During the PAST 12 MONTHS, how many hours did you usually work each WEEK? How many your house				
	y children less than 1 sehold?	8 years of	age live	in
Hours per week	umber of children			
¹□ Don't Know	now			
² ☐ Prefer not to answer	not to answer			
42 In the next set of questions, we'd like to ask about your 45 Did you li	ve in this house or ap	artment 1	year ag	o?
current living situation. Is the house, apartment, or	-		, ,	
, ,	Skip to Question 47		tin Dal	
¹ U Owned by you or someone in this household with a	ed in a different house			
state	ed in a different house	or apartme	ent in and	otner
² ☐ Owned by you or someone in this household free and	ed in a different house	or anartme	ent outsid	le of the
United		or apartirio	one outore	10 01 1110
³ ☐ Rented 5 ☐ Prefer r	not to answer			
4 ☐ Occupied without payment of rent				
	been living or staying than 2 months?	g at your c	urrent a	ddress
1 Yes				
Including you, how many people live or stay at this address? 1 □ Yes 2 □ No				
³□ Prefer r	not to answer			
Number of people				
¹□ Don't Know				
²☐ Prefer not to answer				
SECTION F.				
REPRODUCTIVE HEAL	.TH			
In the next section, we'd like to learn more about your reproductive health.				
47 Are you currently covered by any of the following types of health insurance	9?			
	e?			
	e? Yes	No	Don't Know	Prefer not to answer
	Yes	No 2□	Don't Know	
Are you currently covered by any of the following types of health insurance a. Insurance through current or former employer or union (by you or another far This would include COBRA coverage	Yes mily member). 1□		Know	to answer
Are you currently covered by any of the following types of health insurance a. Insurance through current or former employer or union (by you or another far This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another)	Yes mily member). 1□		Know	to answer
Are you currently covered by any of the following types of health insurance a. Insurance through current or former employer or union (by you or another fair This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another member). This would include coverage purchased through an exchange or member.	Yes mily member). 1□	2	Know 3	to answer
a. Insurance through current or former employer or union (by you or another fair This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another member). This would include coverage purchased through an exchange or member as Healthcare.gov	Yes mily member). family narketplace,	2	3 3 3	to answer 4 4 4
 Are you currently covered by any of the following types of health insurance a. Insurance through current or former employer or union (by you or another far This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another member). This would include coverage purchased through an exchange or m such as Healthcare.gov c. Medicare, for people 65 and older or people with certain disabilities 	Yes mily member). family narketplace,	2	3 3 3 3 3 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3	to answer 4 4 4 4 4
a. Insurance through current or former employer or union (by you or another fair This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another member). This would include coverage purchased through an exchange or member as Healthcare.gov	Yes mily member). 1 family 1 narketplace, 1 n (CHIP) or any 1	2	3 3 3	to answer 4 4 4
 a. Insurance through current or former employer or union (by you or another far This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another member). This would include coverage purchased through an exchange or musuch as Healthcare.gov c. Medicare, for people 65 and older or people with certain disabilities d. Medicaid, Medical Assistance (MA), the Children's Health Insurance Program kind of state or government-sponsored assistance plan based on income or may know this type of coverage as Diamond State Health. 	Yes mily member). 1 family 1 narketplace, 1 n (CHIP) or any 1	2	3 3 3 3 3 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3	to answer 4 4 4 4 4
 a. Insurance through current or former employer or union (by you or another fair This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another member). This would include coverage purchased through an exchange or member. This would include coverage purchased through an exchange or member as Healthcare.gov c. Medicare, for people 65 and older or people with certain disabilities d. Medicaid, Medical Assistance (MA), the Children's Health Insurance Program kind of state or government-sponsored assistance plan based on income or a supplication. 	Yes mily member). 1 family 1 narketplace, 1 n (CHIP) or any 1	2	3 3 3 3 3 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3	to answer 4 4 4 4 4
 a. Insurance through current or former employer or union (by you or another far This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another member). This would include coverage purchased through an exchange or musuch as Healthcare.gov c. Medicare, for people 65 and older or people with certain disabilities d. Medicaid, Medical Assistance (MA), the Children's Health Insurance Program kind of state or government-sponsored assistance plan based on income or may know this type of coverage as Diamond State Health. 	Yes mily member). family narketplace, (CHIP) or any a disability. You	2	3 3 3 3 3	4
 a. Insurance through current or former employer or union (by you or another fair This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another member). This would include coverage purchased through an exchange or musuch as Healthcare.gov c. Medicare, for people 65 and older or people with certain disabilities d. Medicaid, Medical Assistance (MA), the Children's Health Insurance Program kind of state or government-sponsored assistance plan based on income or may know this type of coverage as Diamond State Health. e. TRICARE or other military health care, including VA health care. 	Yes mily member). family narketplace, (CHIP) or any a disability. You	2	3 3 3 3	to answer 4
 a. Insurance through current or former employer or union (by you or another fair This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another member). This would include coverage purchased through an exchange or musuch as Healthcare.gov c. Medicare, for people 65 and older or people with certain disabilities d. Medicaid, Medical Assistance (MA), the Children's Health Insurance Program kind of state or government-sponsored assistance plan based on income or may know this type of coverage as Diamond State Health. e. TRICARE or other military health care, including VA health care. f. Indian Health Service 	Yes mily member). Ifamily narketplace, I (CHIP) or any a disability. You I 1	2	8	to answer 4
 a. Insurance through current or former employer or union (by you or another fair This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another member). This would include coverage purchased through an exchange or musuch as Healthcare.gov c. Medicare, for people 65 and older or people with certain disabilities d. Medicaid, Medical Assistance (MA), the Children's Health Insurance Program kind of state or government-sponsored assistance plan based on income or may know this type of coverage as Diamond State Health. e. TRICARE or other military health care, including VA health care. f. Indian Health Service g. Any other type of health insurance or health coverage plan. Specify: 	Yes mily member). I family narketplace, I (CHIP) or any a disability. You I	2	8 Know 3	4
 a. Insurance through current or former employer or union (by you or another fair This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another member). This would include coverage purchased through an exchange or musuch as Healthcare.gov c. Medicare, for people 65 and older or people with certain disabilities d. Medicaid, Medical Assistance (MA), the Children's Health Insurance Program kind of state or government-sponsored assistance plan based on income or may know this type of coverage as Diamond State Health. e. TRICARE or other military health care, including VA health care. f. Indian Health Service 	Yes mily member). Ifamily narketplace, I (CHIP) or any a disability. You I 1	2	8	to answer 4
 a. Insurance through current or former employer or union (by you or another fair This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another member). This would include coverage purchased through an exchange or musuch as Healthcare.gov c. Medicare, for people 65 and older or people with certain disabilities d. Medicaid, Medical Assistance (MA), the Children's Health Insurance Program kind of state or government-sponsored assistance plan based on income or may know this type of coverage as Diamond State Health. e. TRICARE or other military health care, including VA health care. f. Indian Health Service g. Any other type of health insurance or health coverage plan. Specify: 	Yes mily member). I family narketplace, I (CHIP) or any a disability. You I	2	8 Know 3	4
 a. Insurance through current or former employer or union (by you or another fair This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another member). This would include coverage purchased through an exchange or musuch as Healthcare.gov c. Medicare, for people 65 and older or people with certain disabilities d. Medicaid, Medical Assistance (MA), the Children's Health Insurance Program kind of state or government-sponsored assistance plan based on income or may know this type of coverage as Diamond State Health. e. TRICARE or other military health care, including VA health care. f. Indian Health Service g. Any other type of health insurance or health coverage plan. Specify: 	Yes mily member). I family narketplace, I (CHIP) or any a disability. You I	2	8 Know 3	4
 a. Insurance through current or former employer or union (by you or another fair This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another member). This would include coverage purchased through an exchange or musuch as Healthcare.gov c. Medicare, for people 65 and older or people with certain disabilities d. Medicaid, Medical Assistance (MA), the Children's Health Insurance Program kind of state or government-sponsored assistance plan based on income or may know this type of coverage as Diamond State Health. e. TRICARE or other military health care, including VA health care. f. Indian Health Service g. Any other type of health insurance or health coverage plan. Specify: 	Yes mily member). I family narketplace, I (CHIP) or any a disability. You I	2	8 Know 3	4
 a. Insurance through current or former employer or union (by you or another fair This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another member). This would include coverage purchased through an exchange or musuch as Healthcare.gov c. Medicare, for people 65 and older or people with certain disabilities d. Medicaid, Medical Assistance (MA), the Children's Health Insurance Program kind of state or government-sponsored assistance plan based on income or may know this type of coverage as Diamond State Health. e. TRICARE or other military health care, including VA health care. f. Indian Health Service g. Any other type of health insurance or health coverage plan. Specify: 	Yes mily member). I family narketplace, I (CHIP) or any a disability. You I	2	8 Know 3	4
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_		L									
48	Did you have health insurance during all of the past 12 months? ¹□ Yes → Skip to Question 50	51	a d	loc eck	t how long tor or othe cup? A rou	er health utine che	<mark>care pro</mark> ckup is a	vider fo genera	o <mark>r a ro</mark> ll physic	utine cal exa	am,
	² ☐ No ³ ☐ Prefer not to answer		1 1	Wit Wit	hin the pas	st year (a st 2 years	nytime le s (1 year	ess than but less	12 mo	nths a	ago)
49	For how many of the past 12 months were you WITHOUT health insurance?		4 🔲 🤅	5 o	hin the pas r more yea	-	s (2 year	s but les	s than	5 yea	rs ago)
	¹ □ Less than 1 month ² □ 1 to 3 months		_	Do	ver n't Know efer not to a	ınswer					
	 ³ ☐ 4 to 6 months ⁴ ☐ 7 to 12 months ⁵ ☐ Prefer not to answer 	52			e past 12 n healthcar			u gone	to a do	octor	or
50	Do you have at least one person or place you think of as your personal doctor or health care provider?							Y	es No	Don't Know	
	¹ ☐ Yes ² ☐ No			pr m	method of escription f ethod	or a birth	control	_	2	3	4
	³ ☐ Prefer not to answer		b.		check-up o using birth			ated ¹┌	2	3	4
				Co bii	ounseling o	r informa	ation abo	out 1	2	3	4
			d.	ca	doctor, nur ire providei ant to beco	asked y	ou if you	ne		2	4.
					ext year	44			2 2	3	4
				Α	pregnancy general G\ omen's visi	'N check	-up (ann	ual 1	2 2	3 3	4
	you have not gone to a doctor or other healthcare provider in the kip to Question 54 on Page 12. Otherwise, continue to Question Please rate the healthcare provider you saw most recently	53.									please
Γ											
	a. Respecting me as a person		Po	or	Fair 2□	Good 3□	Very Good ⁴	Exceller	t Kno	ow to	refer not answer
	b. Letting me say what mattered to me about my birth control method		1		2	3	4	5	6]	7
	c. Taking my preferences about my birth control seriously		1		2	3	4	5	6]	7
	 d. Giving me enough information to make the best decision about my birth control method 		1		2	3	4	5	6]	7
	e. Keeping information about me and my care private		1		2	3	4	5	6]	7
	f. Having translation available when I want/need it		1		2	3	4	5	6]	7

	Extremely	Somewhat	Not at all	Don't Know	Prefer n to answ
I can stop using the birth control method at any time	1	2	3	4	5
I can get pregnant immediately after I stop using it	1	2	3	4	5
The method is affordable	1	2	3	4	5
The method is easy to use	1	2	3	4	5
I don't have to remember to use the method each time I have					
sex	1	2	3	4	5
I use the method only when I am going to have sex	1	2	3	4	5
The method is easy for me to get	1	2	3	4	5
I can get it without seeing a doctor or going to a clinic	1	2	3	4	5
The method has few or no side effects	1	2	3	4	5
The method doesn't detract from my sexual enjoyment	1	2	3	4	5
The method does not detract from my partner's sexual enjoymen	t ¹□	2	3	4	5
The method has a health benefit	1	2	3	4	5
. The method protects against sexually transmitted infections	1	2	3	4	5
The method does not change my menstrual periods	1	2	3	4	5
The method is very effective at preventing pregnancy	1	2	3	4	5
. I am responsible for using the method and not my sexual partner	1	2	3	4	5
I have control over when and whether to use the method	1	2	3	4	5
No one can tell that I am using the method	1	2	3	4	5
ave you had a female sterilizing operation such as abal sterilization (also called getting "getting your abes tied" or having a "tubal ligation"), "Essure" sterilization method where women have a small bil inserted inside her fallopian tubes) or another operation (such as a hysterectomy) that makes you	could be re reversed? \(\begin{align*} \text{Total Definitely} \end{align*}	versed safe Would you s	ly, would y	tubal steriliz ou want to ha	
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SECTION G. CURRENT BIRTH CONTROL USE

	SECTION G. CURRENT BIRTH CONTROL USE		control, please skip to Question 77 on Page 15. Otherwise, continue to Question 62.
50	Are you <u>currently using</u> any method or methods of birth control?		What kind(s) of birth control method(s) are you currently using? Please check all that apply.
	¹ ☐ Yes → Skip to Question 62	6	2 Withdrawal (also called "the pull-out method")
	² □ No		r¹
	³☐ Prefer not to answer → Skip to Question 62		² No ³ Prefer not to answer
D	What are your reasons for not using any method of birth control? Please check all that apply.		If yes, did you use this method the last time you had sex with a male?
	¹ ☐ I'm not currently having penile-vaginal sex or sex that could lead to pregnancy		¹ ☐ Yes ² ☐ No
	² ☐ I just don't think about it		³ □ Don't Know
	³ ☐ I don't mind if I get pregnant		⁴ ☐ Prefer not to answer
	⁴ ☐ I want to get pregnant		
	 5 □ I don't want to use a birth control method 6 □ My partner doesn't want to use a birth control method 	6	Birth control pills. Please mark YES even if you are taking birth control pills for reasons other than to prevent
	7 ☐ We just use "pulling out"		pregnancy.
	8 My partner is female	ľ	r¹ Yes
	9 ☐ I stopped using birth control methods due to side effects		2 □ No
	10 ☐ It's too hard to get to (no transportation or child care, cannot take time off work)		³ Prefer not to answer
	11 ☐ I didn't trust giving out my personal information to medical personnel		If yes, did you use this method the last time you had sex with a male? ¹☐ Yes
	¹² ☐ I can't pay for birth control		² □ No
	¹³ I don't think I can get pregnant		³ □ Don't Know
	14 ☐ I recently stopped using my birth control method and haven't started it again		⁴ □ Prefer not to answer
	15 ☐ I'm worried about people in my community knowing that I'm using birth control	6	Birth control patch (Evra® or other)
	16 ☐ I'm currently breastfeeding		r ¹□ Yes
	17 ☐ I think my partner is sterile and cannot impregnate me 18 ☐ I think that I might be infertile or it might be impossible for		² □ No
	me to get pregnant		³ ☐ Prefer not to answer
	¹⁹ Religious reasons		If yes, did you use this method the last time you had sex
	²⁰ □ I just had a baby		with a male? ¹
	²¹ ☐ I don't have sex very often		² □ No
	²² ☐ I enjoy sex more when I don't use a birth control method		3 □ Don't Know
	²³ ☐ Other, <i>please specify</i> :		⁴ ☐ Prefer not to answer
	Prefer not to answer	6	Vaginal ring (Nuvaring® or other)
			r¹ ☐ 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
			I Leter Hor to gliswel

If you are <u>not</u> currently using any method or methods of birth

Yes No S Prefer not to answer Fro, did you use this method the last time you had sex with a male? Yes No None A Ittle S Nome None A Ittle S Nome None Non	What kind(s) of birth control method(s) are you currently using? Please check all that apply	68 Implant (Implanon® or Nexplanon®)
Yes No S Prefer not to answer Fro, did you use this method the last time you had sex with a male? Yes No None A Ittle S Nome None A Ittle S Nome None Non	Depo-Provera® (also called "the shot")	
If yes, did you use this method the last time you had sex with a male? If yes, did you use this method the last time you had sex with a male? If yes		111
## yes, did you use this method the last time you had sex with a male?		
if yes, did you use this method the last time you had sex with a male? 1		
with a male? 1 Yes 2 No 3 Don't Know 4 Prefer not to answer 7 IUD (Mirena*, Paragard*, Skyla*, Liletta, or Kyleena*) 1 Yes 2 No 3 Prefer not to answer 1 Too, did you ever feel pressure from a medical provider to use an implant when you would have rather used another method or no method at all? 1 Mirena* 2 Paragard* 3 Skyla* 4 Liletta* 5 Kyleena* 6 Prefer not to answer 1 None 2 A little 3 Some 4 Quite a bit 4 A lot 5 Prefer not to answer 1 Yes 2 No 3 Prefer not to answer	- .	¹ □ None
1		² ☐ A little
The content of the		³ ☐ Some
The continuous of the contin		
IUD (Mirena®, Paragard®, Skyla®, Liletta, or Kyleena®) IUD (Mirena®, Paragard®, Skyla®, Liletta, or Kyleena®) I' Yes	³ □ Don't Know	
to use an implant when you would have rather used another method or no method at all? 1	⁴ ☐ Prefer not to answer	⁶ □ Prefer not to answer
1	Tud (Mirena®, Paragard®, Skyla®, Liletta, or Kyleena®)	to use an implant when you would have rather used
2	_1□ Voc	
Signature Sign	-	
If yes, what IUD are you currently using? Mirena® Paragard® Liletta® Liletta® Prefer not to answer None Quite a bit Quite a bit		
you felt pressure from a medical provider to use an implant, how much pressure did you feel? A little A little A little A little A lot A	- .	_ _
implant, how much pressure did you feel? A little A little A little A lot A		
3		
4 Liletta® 5 Kyleena® 6 Prefer not to answer If yes, how much pressure did you feel from a medical provider to have the IUD inserted? 1 None 2 A little 3 Some 4 Quite a bit 5 A lot 6 Prefer not to answer If no, did you ever feel pressure from a medical provider to use an IUD when you would have rather used another method or no method at all? If yes 2 No 3 Prefer not to answer If yes 2 No 3 Prefer not to answer Other barrier methods (diaphragm, sponge, cervical cap, female condom)		
Signature Sign		² ☐ Some
Frefer not to answer		
If yes, how much pressure did you feel from a medical provider to have the IUD inserted? None		
provider to have the IUD inserted? None	III , -	⁵ □ Prefer not to answer
None 2		Mala and ma
3 ☐ Some 4 ☐ Quite a bit 5 ☐ A lot 6 ☐ Prefer not to answer If no, did you ever feel pressure from a medical provider to use an IUD when you would have rather used another method or no method at all? 1 ☐ Yes 2 ☐ No 3 ☐ Don't Know 4 ☐ Prefer not to answer 1 ☐ Yes 2 ☐ No 3 ☐ Prefer not to answer 1 ☐ Yes 2 ☐ No 3 ☐ Prefer not to answer 1 ☐ Yes 2 ☐ No 3 ☐ Prefer not to answer 1 ☐ Yes 2 ☐ No 3 ☐ Don't Know 4 ☐ Prefer not to answer 1 ☐ Yes 2 ☐ No 3 ☐ Don't Know 4 ☐ Prefer not to answer	¹ ☐ None	Male condoms
4 Quite a bit 5 A lot 6 Prefer not to answer If no, did you ever feel pressure from a medical provider to use an IUD when you would have rather used another method or no method at all? 1 Yes 2 No 3 Prefer not to answer Other barrier methods (diaphragm, sponge, cervical cap, female condom)	² ☐ A little	r¹ ☐ Yes
5 ☐ A lot 6 ☐ Prefer not to answer If no, did you ever feel pressure from a medical provider to use an IUD when you would have rather used another method or no method at all? 1 ☐ Yes 2 ☐ No 3 ☐ Prefer not to answer If yes, thinking about the most recent time that you Yes	³ ☐ Some	² □ No
6 ☐ Prefer not to answer If no, did you ever feel pressure from a medical provider to use an IUD when you would have rather used another method or no method at all? 1 ☐ Yes 2 ☐ No 3 ☐ Don't Know 4 ☐ Prefer not to answer 70 Other barrier methods (diaphragm, sponge, cervical cap, female condom)	⁴ ☐ Quite a bit	³ ☐ Prefer not to answer
If no, did you ever feel pressure from a medical provider to use an IUD when you would have rather used another method or no method at all? 1 Yes 2 No 3 Don't Know 4 Prefer not to answer 1 Yes 2 No 3 Don't Know 4 Prefer not to answer 1 Yes 2 No 3 Don't Know 4 Prefer not to answer 1 Yes 2 No 3 Don't Know 4 Prefer not to answer 1 Yes 4 Prefer not to answer 70 Other barrier methods (diaphragm, sponge, cervical cap, female condom)		
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1 Yes 2 No 3 Prefer not to answer 70 Other barrier methods (diaphragm, sponge, cervical cap, female condom)		
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3 ☐ Prefer not to answer 70 Other barrier methods (diaphragm, sponge, cervical cap, female condom)		□ Freier Hot to guswei
If yes, thinking about the most recent time that you cap, female condom)		Other barrier methods (diaphragm, sponge, cervical
felt pressure from a medical provider to use an ILID	If yes, thinking about the most recent time that you	
	felt pressure from a medical provider to use an IUD,	_1 □ Voo
now much procedure and you reer.		
	¹☐ A little	
□ Some	Some	11
Guite a bit	Quite a bit	
⁴ ☐ A lot ⁵ ☐ Professional Association with a male?	☐ A lot	¹ ☐ Yes
⁵ ☐ Prefer not to answer ² ☐ No	☐ Prefer not to answer	² □ No
³ ☐ Don't Know		³ ☐ Don't Know
⁴ ☐ Prefer not to answer		⁴ ☐ Prefer not to answer

	What kind(s) of birth control method(s) are you currently using? Please check all that apply	75	How confident are you that you have been using your method(s) of birth control correctly for the past 3 months?
7	Natural family planning methods (also called calendar/rhythm method, cycle beads, basal body temperature)		¹ ☐ Completely confident
	┌ ¹☐ Yes		 ² ☐ Somewhat confident ³ ☐ Neither confident nor not confident
	² ☐ No		⁴ Somewhat not confident
	³ ☐ Prefer not to answer		5 Not at all confident
	If yes, did you use this method the last time you had sex		6 ☐ Prefer not to answer
	with a male?		_
	¹ ☐ Yes	76	Your use of your birth control method in the past 3
	² ☐ No ³ ☐ Don't Know		months was:
	4 ☐ Prefer not to answer		¹ ☐ Completely under your control
	The first to answer		² ☐ Somewhat under your control
72	Emergency contraception (morning after pill, also		³ ☐ Neither under your control nor out of your control
Ī	known as "Plan B" or Ella®)		⁴ ☐ Somewhat out of your control
	r¹ Yes		⁵ ☐ Not at all under your control
	²□ No		⁶ □ Prefer not to answer
	³ □ Prefer not to answer		
	If yes, did you use this method the last time you had sex with a male?	7	If you could use any birth control method you wanted, what method(s) would you use? Please check all that apply.
	¹ ☐ Yes		
	² □ No		¹ ☐ I am using the method that I want to use → Skip to Question 79 on Page 16
	3 ☐ Don't Know		² ☐ Tubal ligation ("tubes tied") or another operation that
	⁴ ☐ Prefer not to answer		makes you unable to get pregnant
			³ ☐ Partner's vasectomy (also known as male sterilization)
73	Partner's vasectomy (also known as male sterilization)		⁴ ☐ Withdrawal ("pulling out")
	r¹ ☐ Yes		⁵ ☐ Birth control pills ("the pill")
	² ☐ No		6 ☐ Male condoms
	³ ☐ Prefer not to answer		7 ☐ Birth control patch (on the skin)
	If yes, did you use this method the last time you had sex		 ⁸ ☐ Vaginal ring (NuvaRing® or other) ⁹ ☐ The shot (Depo-Provera®)
	with a male?		¹0 Female condom
	¹ ☐ Yes		¹¹ ☐ Implant (in the arm; Implanon® or Nexplanon®)
	2 No 3 Don't Know		¹² ☐ IUD (intrauterine device; e.g., Mirena; Liletta, Skyla,
	³ ☐ Don't Know ⁴ ☐ Prefer not to answer		ParaGard, Kyleena)
	THEIR HOLEO GUISWEI		13 Fertility awareness-based methods (e.g., calendar/rhythm
74	Other method		method, CycleBeads®, basal body temperature, natural family planning methods)
	T¹ ☐ Yes, please specify the other method:		¹⁴ Emergency contraception (also known as the morning-after pill, Plan B® or Ella®)
			¹⁵ ☐ Other method:
	2 □ No		
	□ Prefer not to answer		16 ☐ I would prefer not to use any method → Skip to
	If yes, did you use this method the last time you had sex		Question 79
	with a male?		17 ☐ Don't Know
	¹ ☐ Yes		¹⁸ ☐ Prefer not to answer
	² □ No		
	3 ☐ Don't Know		
	4 ☐ Prefer not to answer		

What is the main reason you are not currently using the birth control method you want to use?	81 How satisfied are you with your birth control method? If not using a method, tell us how satisfied you are with using no method. If using more than one method, please report
¹ ☐ I can't afford it	on your satisfaction with the method you use most often.
² ☐ I don't have health insurance	
³ ☐ My health insurance doesn't cover it	¹ Very satisfied
⁴ ☐ The insurance co-pays/deductibles are too high	² ☐ Somewhat satisfied
5 ☐ It's too hard to get to (no transportation or child care, can't	³☐ Neither satisfied nor dissatisfied
take time off work)	⁴ ☐ Somewhat dissatisfied
$^6\square$ I don't know where I can get the birth control method I	⁵ ☐ Very dissatisfied
want	⁶ ☐ Prefer not to answer
⁷ The method that I want is not available at my doctor's office, clinic or pharmacy	82 How important is it to you to AVOID becoming pregnant
8 I don't want my partner or family to find out that I want to use a birth control method	now?
⁹ ☐ I don't trust giving out my personal information to medical	¹ Very important
staff	² ☐ Somewhat important
¹⁰ ☐ My health care provider suggested I use something else	³ ☐ Neither important nor unimportant
¹¹ ☐ I have an appointment scheduled, but haven't gone yet	⁴ ☐ Somewhat unimportant
¹² ☐ I'm trying to get pregnant	⁵ ☐ Not at all important
¹³ ☐ My partner doesn't want to use this birth control method	⁶ ☐ Prefer not to answer
14 ☐ I'm worried about people in my community knowing that I'm using birth control	If you have had a tubal ligation, "Essure" or had your tubes tied,
¹⁵ ☐ I'm not sure	please go to Question 87 on page 18.
¹⁶ ☐ I or my partner are surgically sterile (had a tubal sterilization, vasectomy, or other operation)	83 Would you say switching your current birth control
¹⁷ ☐ Other (specify):	method and using another method of birth control in the next 3 months is? If you are not currently using a
	method, tell us how likely you are to start using a method in
18 ☐ Prefer not to answer	the next 3 months.
	¹ ☐ Very likely
Thinking about the past 3 months, about how often did	² ☐ Somewhat likely
Thinking about the past 3 months, about how often did you have sex with a male? By sex, we mean a penis was	
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.	² ☐ Somewhat likely
you have sex with a male? By sex, we mean a penis was inserted in your vagina.	² ☐ Somewhat likely ³ ☐ Neither likely nor unlikely
you have sex with a male? By sex, we mean a penis was inserted in your vagina. ¹□ About once a week or more	² ☐ Somewhat likely ³ ☐ Neither likely nor unlikely ⁴ ☐ Somewhat unlikely
you have sex with a male? By sex, we mean a penis was inserted in your vagina. 1 About once a week or more 2 A few times a month	² ☐ Somewhat likely ³ ☐ Neither likely nor unlikely ⁴ ☐ Somewhat unlikely ⁵ ☐ Very unlikely
you have sex with a male? By sex, we mean a penis was inserted in your vagina. 1 About once a week or more 2 A few times a month 3 About once a month	² ☐ Somewhat likely ³ ☐ Neither likely nor unlikely ⁴ ☐ Somewhat unlikely ⁵ ☐ Very unlikely
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you have sex with a male? By sex, we mean a penis was inserted in your vagina. 1 About once a week or more 2 A few times a month 3 About once a month 4 Less than once a month 5 I did not have sex with a male in the past	2 ☐ Somewhat likely 3 ☐ Neither likely nor unlikely 4 ☐ Somewhat unlikely 5 ☐ Very unlikely 6 ☐ Prefer not to answer How do you feel about having a child now or sometime in the future?
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SECTION H. PAST PREGNANCIES

We would like to ask you about your current thoughts and feelings about the idea of becoming pregnant in the next three months or having a baby in the next year. We know that women have very different thoughts and feelings about pregnancy, and having a baby, that can change over time. Please remember that there are no right or wrong answers. For each question, choose one answer that seems right at this point in your life

	see	ms	right at this point in your life						
8		mo	e following statements relate to your thoughts and feelings about the inths. Even if you do not think you can become pregnant for partner ould feel about becoming pregnant.						
				Stongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer not to answer
		a.	I wouldn't mind it if I became pregnant in the next 3 months.	1	2	3	4	5	6
		b.	It would be a good thing for me if I became pregnant in the next 3 months.	1	2	3	4	5	6
		C.	Thinking about becoming pregnant in the next 3 months makes me feel unhappy.	1	2	3	4	5	6
		d.	Thinking about becoming pregnant in the next 3 months makes me feel excited.	1	2	3	4	5	6
		e.	Becoming pregnant in the next 3 months would bring me closer to my main partner. (By main partner, we mean the romantic partner that is the most serious to you. If you don't have a romantic partner, please think about the person with whom you were last sexual.)	1	2	3	4	5	6
8			e following statements relate to your thoughts and feelings about the in do not think you can have a baby for partner or physical reasons, ploy.						
		a.	I want to have a baby within the next year.	Stongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer not to answer
		b.	If I had a baby in the next year, it would be bad for my life.	1	2	3	4	5	6
		C.	It would be a positive addition to my life to have a baby in the next year.	1	2	3	4	5	6
		d.	It would be the end of the world for me to have a baby in the next year.	1	2	3	4	5	6
		e.	Thinking about having a baby within the next year makes me smile.	1	2	3	4	5	6
		f.	Thinking about having a baby within the next year makes me feel stressed out.	1	2	3	4	5	6
		g.	I would feel a loss of freedom if I had a baby in the next year.	1	2	3	4	5	6
		h.	If I had a baby in the next year, it would be hard for me to manage raising	1	2	3	4	5	6

the child.

I would worry that having a baby in the next year would make it harder

for me to achieve other things in my life.

1

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87	Have you given birth in the past 12 months?	92	Have you ever been diagnosed as infertile?
T	¹ ☐ Yes		¹ ☐ Yes
	² □ No → Skip to Question 90		²□ No
	³ ☐ Prefer not to answer → Skip to Question 90		³ Prefer not to answer
88	Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant?		SECTION I. PUBLIC POLICY
	¹ ☐ I wanted to be pregnant later		
	² ☐ I wanted to be pregnant sooner		We have a few final questions related to abortion. Please
	³ ☐ I wanted to be pregnant then		consider your own thoughts, opinions, and experiences when responding.
	⁴ ☐ I didn't want to be pregnant then or at any time in the future		
	5 I wasn't sure what I wanted	93	A woman should not fear being arrested or going to jail for having an abortion (terminating a pregnancy).
	⁶ □ Prefer not to answer		
			¹☐ Strongly Agree
89	How did you feel when you found out you were		2 ☐ Agree
	pregnant with your new baby? Were you		³ ☐ Neither agree nor disagree⁴ ☐ Disagree
	¹ □ Very happy to be pregnant		5 ☐ Strongly disagree
	² ☐ Happy to be pregnant		⁶ ☐ Prefer not to answer
	 Neither happy nor unhappy Unhappy to be pregnant 		
	⁵ Very unhappy to be pregnant	94	Which comes closest to your own view on abortion?
	6 □ Prefer not to answer		¹ ☐ Having an abortion is acceptable
			² ☐ I am against abortion for myself, but I don't believe
90	In your lifetime, how many babies did you have that		government should prevent a woman from making the decision for herself.
	were born alive?		³ ☐ Having an abortion is wrong.
	Number of babies		⁴ ☐ Prefer not to answer
	¹☐ Prefer not to answer		
		95	Do you identify as?
91	Some people are unable to get pregnant, even if they		¹ ☐ Pro-Choice
	want to. How likely do you think it is that you are infertile or would have difficulty getting pregnant?		² ☐ Pro-Life
	¹ Not at all likely to be infertile		³
	² Somewhat likely		5 ☐ Prefer not to answer
	³ ☐ Likely		
	⁴ ☐ Very likely to be infertile	96	Do you think abortion should be:
	5 Don't know	Γ	¹ Legal in all cases
	⁶ □ Prefer not to answer		² Legal in most cases
			³ ☐ Illegal in most cases
			⁴ ☐ Illegal in all cases
			5 □ Don't Know
			⁶ ☐ Prefer not to answer

Thank You

Thank you very much for participating in this survey. The information you provided will be used to help improve women's health in your state.

Other interested participants
Are there any other women between 18-44 in your household who we could contact to participate in this study? 1 ☐ Yes 2 ☐ No
If yes, please provide their contact information below.
First woman name: Email:
Second woman name: Email:
☐ I do not wish to provide their contact information
Incentive
If you were eligible and completed this survey, we will be sending you a \$10 Amazon, Target, or Walmart gift code. Which gift code would you prefer? <i>Please check only one</i> .
□ Amazon □ Target □ Walmart
Would you like us to email or mail the above gift code number to you?
□ Mail Only □ Email Only
If you selected for us to mail the gift code to you, please provide an updated address if the one we mailed to is incorrect.
Address 1:
Address 2:
City: State: Zip
Email:

MAILING INSTRUCTIONS

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

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

If you would like more information about the study, please call 1-877-396-4064 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.					

INSTRUCCIONES PARA EL ENVÍO

Por favor coloque el cuestionario completado en el sobre que tiene el timbre postal pagado. Si el sobre se extravió, por favor envíe el cuestionario a:

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

Si usted tiene alguna pregunta sobre esta encuesta o le gustaría compartir cualquier otra información acerca de sus experiencias usando anticonceptivos, por favor escriba en el cuadro de abajo.
womenshealth@norc.org. Si usted tiene preguntas sobre sus derechos como participante de la encuesta, puede llamar al Administrador de la Junta de Revisión Institucional de NORC (llamada gratuita) al 1-866-309-0542.
Si desea obtener más información sobre el estudio, por favor llame al 1-877-396-4064 o envíe un correo electrónico a

Gracias

Gracias por su participación en esta encuesta. La información que usted ha proporcionado será utilizada para mejorar la salud de las mujeres en su estado.

Correo electrónico:
Ciudad: Estado: Código postal
Dirección 2:
Dirección 1:
Si eligió que le mandemos un código de regalo a usted, por favor proporcione un correo actualizado si el correo al que le mandamos este cuestionario es incorrecto.
Sólo por correo electrónico ☐ Sólo por correo
¿Desea usted que le enviemos el código de regalo por correo electrónico o por correo postal?
□ Amazon □ Target □ Walmart
Si era elegible y completó esta encuesta, le enviaremos un código de regalo de Amazon, Target o Walmart de \$10. ¿Qué código de regalo que usted prefiere? Por favor marque solo uno.
Incentivo
□ No quiero proporcionar sus datos de contactor
Correo electrónico de la segunda mujer:
Nombre de la segunda mujer:
Correo electrónico de la primera mujer:
Nombre de la primera mujer:
¿Nos podría dar el/los nombre(s) y correo(s) electrónico(s) de esta(s) mujer(es) en su hogar?
ON □ Z !S □ L
Hay alguna(s) mujer(es) entre 18 y 44 años en su hogar a quien(es) podríamos contactar para participar en este studio?
Otros participantes interesados

Piensa Ud. que el aborto debe ser: Legal en todos los casos Legal en la mayoría de los casos Legal en la mayoría de los casos Legal en todos los ca	2 ☐ De acuerdo 3 ☐ Vi de acuerdo ni en desacuerdo 4 ☐ En desacuerdo 5 ☐ Totalmente en desacuerdo 6 ☐ Prefiero no contestar **Cuál de las siguientes se acerca más a su punto de vista sobre el aborto intencional (aborto inducido)? **Tener un aborto intencional (aborto inducido) es aceptable 1 ☐ Tener un aborto intencional (aborto intencional (aborto inducido)) **I ☐ Estoy en contra de tener un aborto intencional (aborto inducido) es aceptable inducido) yo misma, pero no creo que el gobierno deba inducido) yo misma, pero no creo que el gobierno deba inducido) yo misma, pero no creo que el gobierno deba inducido) está mal **Drefiero no contestar. **A ☐ Prefiero no contestar. **A ☐ Prefiero no contestar. **A ☐ Prefiero no contestar.
5☐ Prefiero no contestar	¹ ☐ Totalmente de acuerdo
² ☐ Pro-Vida ³ ☐ Winguno de los dos ⁴ ☐ Ambos	Winguna mujer debe temer ser detenida o ir a la cárcel por haber obtenido un aborto intencional/inducido.
Se identifica usted como? □ Pro-elección (Pro-Choice)	Por favor considere sus propios pensamientos, opiniones y experiencias al responder.
IÓN I. PÚBLICA	
THÝ	Prefiero no contestar
	90 En toda su vida, ¿cuántos bebés tuvo que nacieron vivos?
	⁵ ☐ Muy descontenta de estar embarazada 6 ☐ Prefiero no contestar
	4 ☐ Descontenta de estar embarazada
³☐ Prefiero no contestar	² ☐ Feliz de estar embarazada ³ ☐ Wi feliz ni descontenta
0N □ z !S □ ι	¹ ☐ Muy feliz de estar embarazada
(o estéril)?	89 Scómo se sintió cuando supo que estaba embarazada de su nuevo bebé? ¿Estaba usted
Selguna vez ha sido diagnosticada como infértil	
Prefiero no contestar	e ☐ Prefiero no contestar
5 Nosé	5 ☐ Yo no estaba segura de lo que
⁴ ☐ Muy probable que sea infértil	⁴ ☐ Yo no hubiera querido quedar embarazada ni en ese momento ni nunca
³ ☐ Algo probable	³☐ Yo hubiera querido quedar embarazada en ese momento
²☐ Probable	²☐ Yo hubiera querido quedar embarazada más pronto
lihêrtil Gue sea jinfértil □ No es probable que sea	¹ ☐ Yo hubiera querido quedar embarazada más tarde (o después)
embarazada?	מרמים בעונים ומרמים ו
Angunas personas no pueden quedar embarazadas, aunque así lo deseen. ¿Qué tan probable es que usted sea infértil o tenga dificultades para quedar	embarazada de su nuevo bebé, Scómo se sentió al quedar embarazada?

SECCIÓN H. SECAS ANTERIORES

Las siguientes preguntas tienen que ver con lo que piensa y siente de la posibilidad de quedar embarazada durante los próximos tres meses o tener un bebé en el próximo año. Sabemos que las mujeres tienen diversos pensamientos y sentimientos acerca del embarazo y que éstos pueden cambiar con el tiempo. Por favor, recuérdese que no hay respuestas correctas ni incorrectas. Para cada pregunta, escola la respuesta que más corresponda a lo que piensa y siente en este momento de su vida.

						8 Vaya a la Pregunta 90 en la pagina 18 ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	
						!S =	
						Sesem 11 somitlù sol ne (zul a obab o) otraq nu obinet aH.	(
<u></u> 9	2	□ _₹	□ ε [⊒z	ll	 Me preocuparía que tener un bebé en el próximo año podría se más difícil para lograr otras cosas en la vida. 	
<u></u> 9	2	□♭	□ ε [Jz		 Di tuviera un bebé en el próximo año, sería difícil arreglármelas para criarlo. 	
<u></u> 9	□g	\Box_{t}	□ε [□z		g. Perdería algo de mi libertad si tuviera un bebé el próximo año.	
<u></u> 9	g	□ŧ	□ ε [Jz		 f. Al pensar en tener un bebé el próximo año me hace sentir estresada. 	
<u></u> 9	_ g	\Box $ to$	□ε	Z		e. Al pensar en tener un bebé el próximo año me hace sonreír.	
9	_ g	\Box $ to$	□ε	Z		d. Sería el fin del mundo para mí tener un bebé el próximo año.	
<u></u> 9	g	□♭	□ε [Jz	□¹ im	vida. c. Tener un bebé en el próximo año sería un cambio positivo para vida.	
<u></u> 9	☐g	\Box $ to$		z		b. Tener un bebé en el próximo año sería algo muy malo para mi	
contestar 6	onianassan o	□þ mianapsan on	ıerdo desacuer ∃⊡	_s no page	In acute	a. Quieto tener un bebé en el próximo año.	
Prefiero no	Fotalmente en	u ₃	acuerdo ni en		Totalme		
			9b iM				
						sentiria con respecto a tener un bebé.	
26	_						
						próximo año. Incluso si no cree que pueda tener un bebé por r	1
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						próximo año. Incluso si no cree que pueda tener un bebé por r	1
						Las siguientes afirmaciones se relacionan con los pensamient próximo año. Incluso si no cree que pueda tener un bebé por r	1
						pareja romántica, por favor piense en la última persona con quien tuvo relaciones sexuales.) Las siguientes afirmaciones se relacionan con los pensamient próximo año. Incluso si no cree que pueda tener un bebé por r	1
					se y sentir	principal. (Las preguntas sobre su pareja principal se refleren a la pareja romántica que le sea más seria. Si no tiene una pareja romántica, por favor piense en la última persona con quien tuvo relaciones sexuales.) Las siguientes afirmaciones se relacionan con los pensamient próximo año. Incluso si no cree que pueda tener un bebé por r	1 (
						e. Quedar embarazada me haria sentir más unida a mi pareja principal. (Las preguntas sobre su pareja principal se refleren a la pareja romántica que le sea más seria. Si no tiene una pareja romántica, por favor piense en la última persona con quien tuvo relaciones sexuales.) Las siguientes afirmaciones se relacionan con los pensamient próximo año. Incluso si no cree que pueda tener un bebé por r	1 (
el		a de tener	aobre la ide	sotnəim	se y sentir	 Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir emocionada. Quedar embarazada me haría sentir más unida a mi pareja principal. (Las preguntas sobre su pareja principal se refleren a la pareja romántica que le sea más seria. Si no tiene una pareja romántica, por favor piense en la última persona con quien tuvo relaciones sexuales.) Las siguientes afirmaciones sexuales.) Las siguientes afirmaciones sexuales.) 	1 (
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Preflero no confestar 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	reja, por fa Totalmente en desacuerdo 5 5 5 5 5 5 5 6 6 6 6 6 6 6 6 6 6 6 7 7 8 7 8 8 8 8 8	the feneral sa de teneral sa d	Ni de acuerdo ni en desacuerdo 3 = 3 = 3 = 3 = 3 = 3 = 3 = 3 = 3 = 3	De scuerdo To scuerdo To scuerdo To scuerdo To scuerdo To scuerdo To scuerdo	embaraza Totalmente de acuerdo 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 a. No me desagradaría quedar embarazada en los próximos 3 meses. b. Para mí, sería algo bueno quedar embarazada en los próximos 3 meses. c. Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir infeliz. d. Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir emocionada. e. Quedar embarazada me haría sentir más unida a mi pareja principal. (Las preguntas sobre su pareja principal se refleren a la pareja romántica que le sea más senta. Si no tiene una pareja romántica, por favor piense en la última persona con quien tuvo relaciones sexuales.) Las siguientes afirmaciones sexuales.) Las siguientes afirmaciones sexuales.) bróximo año. Incluso si no cree que pueda tener un bebé por repróximo año. Incluso si no cree que pueda tener un bebé por repróximo año. Incluso si no cree que pueda tener un bebé por repróximo año. Incluso si no cree que pueda tener un bebé por repróximo año. Incluso si no cree que pueda tener un bebé por repróximo año. Incluso si no cree que pueda tener un bebé por repróximo año. Incluso si no cree que pueda tener un bebé por repróximo año. Incluso si no cree que pueda tener un bebé por repróximo año. Incluso si no cree que pueda tener un bebé por repróximo a mon cree que pueda tener un bebé por reproximo an cree que pueda tener un bebé por reproximo a mon cree que pueda tener un bebé por reproximo a mon cree que pueda tener un bebé por reproximo a mon cree que pueda tener un bebé por reproximo a mon cree que pueda tener un bebé por reproximo a mon cree que pueda tener un bebé por reproximo a mon cree que pueda tener no proximo a mon cree que pueda tener no proximo a mon com los proximos a mon com com com com com com com com com com	

3 ☐ Prefiero no contestar → Vaya a la Pregunta 90 en la pagina 18

	7 ☐ Prefiero no contestar
	9S ON □9
	5
	⁴ ☐ Menos de la mitad de las veces
	3 \Box Más o menos la mitad de las veces
	2 Más de la mitad de las veces
V □ No sé Prefiero no contestar	selsuxes serioines sexuales □ ¹
6 Quiero tener uno, pero no sé cuando	conducir al embarazo?
5 ☐ Quiero tener uno en 5 años o más	pene-vaginal o relaciones sexuales que pueden
soue 3	Pensando en los últimos 3 meses, .con qué frecuencia uso Ud. un método anticonceptivo cuando tuvo sexo
eb sonem ne oreq soñs sob eb sem ne onu renet oreite \square^{4}	
$^3 \square$ Quiero tener uno en más de un año pero en menos de Z	Prefiero no contestar □ 8
de ahora	últimos 3 meses 👉 Vaya a la Pregunta 81
² ☐ Yo quisiera tener un hijo en menos de 12 meses a partir	δ ∏ Νο tuve relaciones sexuales entre el pene y la vagina o relaciones sexuales que pueden llevar al embarazo en los
onu Tenet ovaiero tener uno	sem la seve de una vez al mas solouses acquisoles evut old in a
SQué opina sobre tener un hijo ahora o en el futuro?	
	2 ☐ Unas pocas veces al mes
e ☐ Prefiero no contestar	sèm o snemes noq sev enu ejnemabamixonqA 🗖 t
₅ ∏ Muy improbable	sexo, nos referimos a un pene insertado en la vagina.
əldsdoriqmi oglA □ [↓]	tuvo usted relaciones sexuales con un hombre? Por
³ ☐ Ni probable ni improbable	Pensando en los últimos 3 meses, .con qué frecuencia
S	_
¹ ☐ Muy probable	18↑ Prefiero no contestar
método en los próximos 3 meses.	
meses es? Si actualmente no está usando un método, díganos qué tan probable es que comience a usar un	¹√
y usar otro método anticonceptivo en los próximos 3	u otra operación)
Diría que cambiar su actual método anticonceptivo	16 ☐ Yo o mi pareja somos quirúrgicamente estériles (nos hemos sometido a una esterilización tubárica, vasectomía
pregunta 87 en la pagina 18.	15 ∏ No estoy segura
Si se ha sometido a ligadura de trompas o Essure, vaya a la	due estoy usando anticonceptivos
	14 ☐ Me preocupa que las personas de mi comunidad sepan
Prefiero no contestar	13 ☐ Mi pareja no quiere usar este método anticonceptivo
5 ☐ No es importante en absoluto	12 Estoy tratando de quedar embarazada
nivorani mportancia □ Algo sin importancia	otra cosa ¹¹ □ Tengo una cita programada, pero aún no he ido
S ☐ Irrelevante	10 ☐ Mi proveedor de cuidado de salud me sugirió que usara
¹ ☐ Muy importante	ooibèm
	. 9 \square No confío en dar mi información personal al personal
SQué tan importante es para usted EVITAR quedar embarazada ahora?	8 ☐ No quiero que mi pareja o familia descubran que quiero se la método anticonceptivo
noberne dATIVA beten even as etherwent net to the	de mi médico, clínica o farmacia.
Prefiero no contestar	☐ El método que deseo no está disponible en el consultorio
5 ☐ Muy insatisfecho	quiero.
ohoatisfecho □ ⁴	Pode contante de la método anticonceptivo que
3 \square Ni satisfecho ni insatisfecho	⁵ ⊟ Es muy dificil llegar (sin transporte o cuidado de niños, no puedo tomarme tiempo libre del trabajo)
² ☐ Algo satisfecha	⁴ ☐ Los copagos / deducibles del seguro son demasiado altos
¹ ☐ Muy satisfecha	3 \square Mi seguro de salud no lo cubre
más frecuentemente.	2 \square No tengo seguro de salud
describa que tan satisfecha está con el método que usa	ohedo pagarlo □ r
diganos cuán satisfecho está con el hecho de no usar ningún método. Si utiliza más de un método por favor	dne desea usar?
método(s) anticonceptivo(s)? Si no usó ningún método,	actualmente no está usando el método anticonceptivo
(sus o) us noo batsu ktsa echa eatisfecha est (o sus)	beteu es la razón principal por la que usted

	4 ☐ Prefiero no contestar
	ès oN □ ^ε
	oN □²
	JS □ L
18 ☐ Prefiero no contestar	vez que tuvo relaciones sexuales con un hombre?
Pregunta 79 en la pagina 16 ès ⊙ N ⊡۲۲	Si respondió que sí, ¿usó usted este método la última
16 ☐ Yo preferiria no utilizar ningún método → Vaya a la	Prefiero no contestar
	ON □ z
obotèm sitO □ar	L¹ □ Sí, por favor describa:
াণ ☐ Anticoncepción de emergencis (también conocida como la pildora del día después, Plan B® o ella®)	
planificación familiar)	oboten ortO
temperatura corporal basal, métodos naturales de	
ejemplo, método de calendario / ritmo, CycleBeads®,	↑ Prefiero no contestar
13 Métodos basados en la conciencia de fertilidad (por	ş No Sé
12 DIU (Mirena®, Paragard®, Skyla®, Liletta®, o Kyleena®)	N □ Z
1 □ Implante (Implanon® o Mexplanon®)	is □ t
oniname femeninos □ 0 □ Condones femeninos	Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?
⁹ ☐ Inyecciones anticonceptivas (Depo-Provera®, también Ilamado "inyección")	3 ☐ Prefiero no contestar
8 ☐ Anillo vaginal (NuvaRing® o otro)	oN □z
↑ □ Parche anticonceptivo (en la piel)	
6 ☐ Condones masculinos	
5 ☐ Pastillas anticonceptivas	pareja sexual)
⁴ ☐ Retirada ("sacarlo")	Operación masculina (esterilización o vasectomía de la
esterilización masculina)	4 ☐ Prefiero no contestar
le impide quedar embarazada) 3 □ Vasectomía de pareja (también conocida como	ès oN □ε
² ☐ Ligadura de trompas ("tubos atados" u otra operación que	Z NO
¹ ☐ Estoy usando el método que quiero usar —— Vaya a la Pregunta 79 en la pagina 16	vez que tuvo relaciones sexuales con un hombre? 1 □ Sí
·	Si respondió que sí, ¿usó usted este método la última
que quisiera, ¿qué método(s) usaria? Por favor marque todos los que apliquen.	3 ☐ Prefiero no contestar
Si usted pudiera usar cualquier método anticonceptivo	oN □z
e ☐ Prefiero no contestar	dia después, también conocida como "Plan B"® o Ella®)
5 ☐ Totalmente fuera de su control	La pildora anticonceptiva de emergencia (la pildora del dis des del des des del des de la pildora del
hlgo fuera de su control △ 🏳 Algo	
$^3 \square$ Ni bajo su control ni fuera de su control	Prefiero no contestar
lontrol bajo bajo su control	ès oN □ ^ε
□ Completamente bajo su control	oN □²
método anticonceptivo actual estuvo:	JS □ ı
En los últimos 3 meses diría usted que el uso de su	vez que tuvo relaciones sexuales con un hombre?
	Si respondió que sí, ¿usó usted este método la última
Prefiero no contestar	stesfiero no contestar
5 ☐ Completamente dudosa	oN □ ²
seobub oglA □ ⁴	!9 □ , ┛
³ ☐ Ni segura ni dudosa	pasal del cuerpo).
singo segura S □	llamado calendario / método del ritmo, temperatura
¹ ☐ Completamente segura	Los métodos de planificación familiar natural (también
correctamente durante los últimos 3 meses?	nenpilque aup
SCuán segura está de que usted γ / ο su pareja han segura está de que sovirides concidence sovirides sovi	Lilizando actualmente? Por favor marque todos los

¿Qué tipo(s) de método(s) anticonceptivo está usted utilizando actualmente? Por favor marque todos los

_		
_		
rstefiero no contestar		
9s oV □ [€]		
oN □ [≤]		
!S □ ι		
vez que tuvo relaciones sexuales con un hombre?		
mitima lobotèm este beteu òsus, ¿us que site método la última		
3 ☐ Prefiero no contestar		
oN □ ²		
!S □ ι 		
anticonceptiva, capuchón cervical, condón femenino)		
Métodos de barrera (Diafragma, esponja	,	
4 Prefiero no contestar		
9s oN □ ^ε		
oN □²		
!S □ ι		
vez que tuvo relaciones sexuales con un hombre?	Prefiero no contestar	
Si respondió que sí, ¿usó usted este método la última		
³☐ Prefiero no contestar	Mucha ☐ ♣	
	Bastante	
0N □z	oglA □²	
!S □ ι 	0009 □ ¹	
Condones masculinos o preservativos	DIU, ¿cuánta presión sintió?	
	sintió la presión de un proveedor médico para usar un	
Prefiero no contestar	enp sav smitima en la última vez que	П.
Mucha ☐ [↑]	Prefiero no contestar	
Bastante ☐.	oN □ s	
oglA □ਁ	!S □ ι -	
oɔo9 ☐ [「]	Speoluto?	
	hubiera preferido usar otro método o ningún método en	
sintió la presión de un proveedor médico para usar un implante ¿cuánta presión sintió?	→ Si respondió que no , ¿Alguna vez ha sentido la presión de un proveedor médico para usar un DIU cuando	
Si respondió que sí, Pensando en la última vez que	,	
3 ☐ Prefiero no contestar	Prefiero no contestar	
	5 ☐ Mucha	
0N	Pastante □ 4	
!S □ ₁ 一	oglA □ ^ε	
hubiera preferido usar otro método o ningún método en absoluto?	000 □ ²	
de un proveedor médico para usar un implante cuando	anugniM □ t	
Tespondió que no, ¿Alguna vez ha sentido la presión	un proveedor médico para que le insertaran el DIU?	
e☐ Prefiero no contestar	Si respondió que sí, ¿Cuánta presión sintió por parte de	
e∏ Mucha	o∏ Prefiero no contestar	
plastante ↑ □ Bastante	₅	
oglA □ ^ε	⁶ Eilefta®	
	3 ☐ Skyla®	
2 Poca	² ☐ Paragard®	
sonungini in	®kirena® 	
Si respondió que sí, ¿Cuánta presión sintió de un proveedor médico para que le insertaran el implante?	→ Si respondió que si, ¿qué DIU usa actualmente?	
`	,	
³□ Prefiero no contestar	Prefiero no contestar	- 11
oN □ z →		_ s
JS □ ı 	!\$[□╷┛
Implante (Implanon® o Nexplanon®)	IU (Mirena®, Paragard®, Skyla®, Liletta®, o Kyleena®)	a
.5		

método anticonceptivo? Por favor marque todos los que

.Cuáles son las razones por las que no sel nos seláu.

SI incluso si está tomando pastillas anticonceptivas por una

Píldoras (o pastillas) anticonceptivas. Por favor marque

ઘ

m. El método tiene un beneficio para la salud m. El método protege contra las infecciones de transmisión sexual n. El método no cambia mis períodos menstruales n. El método es muy eficaz para prevenir el embarazo o. El método es muy eficaz para prevenir el embarazo o. El método es muy eficaz para prevenir el embarazo o. El método es muy eficaz para prevenir el embarazo p. Soy responsable de usar el método y no mi pareja sexual q. Tengo control sobre cuándo y si usar el método q. Tengo control sobre cuándo y si usar el método q. Tengo control sobre cuándo y si usar el método d. Tengo control sobre cuándo y si usar el método d. Tengo control sobre cuándo y si usar el método d. Tengo control sobre cuándo y si usar el método d. Tengo control sobre cuándo y si usar el método d. Tengo control sobre cuándo y si usar el método d. Tengo control sobre cuándo y si usar el método d. Tengo control sobre cuándo y si usar el método d. Tengo control sobre cuándo y si usar el método d. Tengo control sobre cuándo y si usar el método d. Tengo control sobre cuándo y si usar el método d. Tengo control sobre cuándo y si usar el método d. Tengo control sobre cuándo y si usar el método d. Tengo control sobre cuándo y si usar el método d. Tengo control sobre cuándo y si usar el método d. Tengo control sobre cuándo y si usar el método d. Tengo control sobre cuándo y si usar el método es gesterilización d. Tengo control sobre cuándo y si usar el método d. Tengo control sobre cuándo y si usar el método d. Tengo control sobre cuándo y si usar el método esterilización d. Tengo control sobre cuándo y si usar el método d. Tengo control sobre cuándo y si usar el método esterilización d. Tengo control sobre cuándo y si usar el método en peque actualmente? 3
El método tiene un beneficio para la salud
El método tiene un beneficio para la salud 1 2 3 4 5 5 3 4 5 5 3 4 5 5 5 3 4 5 5 5 5 5 5 5 5 5
momento b. Puedo quedar embarazada inmediatamente después de dejar de c. El método es asequible d. El método es fácil de usar e. No tengo que acordarme de usar el método cada vez que tengo f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método solo es fácil de solo es
Nada en Prefiero no Prefiero no Extremadamente Algo absoluto No sé confestar a. Puedo dejar de usar el método anticonceptivo en cualquier ¹ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

The confidence of the control of the	s 1 .b 2 3
Prefiero Ne respetò como persona Ne respeto	l .d
favor califique al proveedor de atención médica que usted vio más recientemente para el control de la natalidad con ecto a las siguientes cualidades.	
או פפרמ מנפוזכוטוז ווזפטונמ: .	ou ey !S N □ z IS □ L
ne usted una o más personas o lugares que usted significative de un doctor u otra persona que significative su médico o proveedor de atención médica?	
redintos de los últimos 12 meses estuvo usted seguro de salud? 3	∠ □ † † □ ε ↓ □ z W □ ↓
eflero no contestar ¹ □ En el último año (hace menos de ¹2 meses) □□ En los últimos 2 años (hace más de ¹ año, pero menos de	ld □ε N □z
rutina es un examen fisico general, que no se realiza	səш

·4	Actualmente no tengo ningún seguro de salud o plan de cobe	ertura de salud	□z □ι	□ε	□Þ
·6	Cualquier Otro tipo de seguro de salud o plan de cobertura o	e saluu. Especiiique.			
.†		Pules of			□ † □.
-	TRICARE u otro cuidado de la salud militar, incluyendo el cu	WA ION NNIPS PI ON ONPNI			□t
O	conocer este tipo de cobertura como Diamond State Health.		□z □ı	□ ε	□ŧ
	patrocinada por el estado o gobierno basado en ingresos o o	discapacidades. Usted puede			
·n	médico para niños (CHIP, por sus cifras en inglés) o cualquie				
.b	Medicare, para las personas mayores de 65 años o persona Medicaid, Asistencia Médica (MA, por sus cifras en inglés), F				□ †
J		bebisegeseib entible gos s	□z □ι	□ ε	□Þ
	de la familia). Esto incluiría cobertura adquirida a través de ta tales como Healthcare.gov.	in intercambio o mercado,			
.d	Seguro comprado directamente de una compañía de seguro		□z □ι	□ε	\Box \forall
·n	de la familia). Esto incluiría la cobertura de COBRA.	ordinality one proper tody			
Е	Seguro por medio del empleador o sindicato actual o anterio	r (nor usted u otro miembro	□z □ı •N JS		contestar
			· (4)	90 014	Prefiero no
72	caucandie car an nighthing rad magana augumnan me	i como un canco en codo			5g
∃? (stá actualmente cubierta por cualquiera de los siguientes	Sogibèm oyupes eb sogit			
s el n∃	iguiente sección, nos gustaría saber más sobre su salud repr	oductīva.			
	SECCION F. SALUI	AVITOUUUNTAN U			
	SECCIÓN F. SALUI	AVITOLICTIVA			
	Imagilios ou cipilo.				
	Preflero no contestar				
	SOcupada sin pago de renta? No sé				
	. Rentada?				
	gravamen (sin una hipoteca o préstamo)?				
	Propiedad suya o de alguien en este hogar libre de todo				
	hipoteca o préstamo? Incluya préstamos con garantia hipotecaria.				
	Propiedad suya o de alguien en este hogar con una Propiedad suya o de alguien en este hogar con grantis	³ ☐ Prefiero no contestar			
EO	sa, departamento, o casa móbil en la que vive es	oN □ ²			
bre	eguntarle sobre su situación de vivienda actual. La	!S □ ı			
_B q	ra el siguiente grupo de preguntas, me gustaria	actual por más de 2 mes			
Ωг	Prefiero no contestar	p o obneiviv obstee sH.	nə əsopuşpən	isu direcci	uò
□ı	ès oV	5 ☐ Prefiero no contestar			
	Horas por semana	sobinU sobsts3			
		ses enu na sivía en una cas			
	rante los ÚLTIMOS 12 MESES, Scuántas horas bajó cada SEMANA en general?	seo enu na eiviv ov, yo l □ ⁸			
'U	genod setnémo: 2323M St 20MIT II i sol otnes	2 ☐ No, yo vivia en otra cas		vsləQ nə otr	vare
	Prefiero no contestar	Si ← Vaya a la Preg			
□ı	9s oN	ds o assa casa o ap	artamento hac	ce 1 año?	
\$		refiero no contestar			
] -		ès oN □¹			
en Əid		soñin eb oremù/			
	i últimos 12 meses? Por favor reporte la cantidad que led gana antes de impuestos. Su mejor estimación está				
	uál fue la cantidad total de ingresos que recibió en	su hogar?			
		enonem soñin sofnàuO.	b soñs 81 ab a	viv babe eb	uə uə
	No — Vaya a la Pregunta 42 Preflero no contestar — Vaya a la Pregunta 41	² ☐ Prefiero no contestar			
□ l		ès oV □¹			
		Número de person	ser		
	yreso de sueldos, salarios, comisiones, bonos o opinas?				
im	sma. Durante los últimos 12 MESES, ¿recibió algún	quedan en esta direcció			
		3 Incluyéndose a Ud., ¿cu	antas personas	as viven o	əş

	³☐ Prefiero no contestar	
	0N	
	!S □ ι	
	universitaria.	
15 ☐ Prefiero no contestar	o a un título profesional más alto que una licenciatura	
9s oN □ ⁴t	un diploma de escuela secundaria o un título universitario,	
13 ☐ \$150,000 dólares o más	universidad? Incluya sólo instituciones que conducen a	
12 ☐ Entre \$100,000 y menos de \$150,000 dólares	3 MESEŠ, ¿ha estudiado usted en una escuela o	
	En cualquier momento DURANTE LOS ÚLTIMOS	32
The Entire \$75,000 y menos de \$100,000 dólares		
10 ☐ Entre \$60,000 y menos de \$75,000 dólares	Prefiero no contestar □ 8	
9 ☐ Entre \$50,000 y menos de \$60,000 dólares	9s oN □ s	
8 ☐ Entre \$40,000 y menos de \$50,000 dólares	4 ☐ Otra cosa	
√ ☐ Entre \$35,000 y menos de \$40,000 dólares		
6 ☐ Entre \$30,000 y menos de \$35,000 dólares	Bisexual 3	
⁵ ☐ Entre \$25,000 y menos de \$30,000 dólares	² ☐ Heterosexual, es decir, no gay o lesbiana	
	resbiana o Gay	
4 ☐ Entre \$20,000 y menos de \$25,000 dólares	I MUIOUU IO ON UIOIOUUION	
$^3\square$ Entre \$15,000 y menos de \$20,000 dólares	definición de sí misma?	4
² ☐ Entre \$10,000 y menos de \$15,000 dólares	us rojem edince describe mejor su	34
¹ ☐ Menos de \$10,000 dólares		
los ingresos anuales su hogar fueron:	s∏ Prefiero no contestar	
Y si Usted tuviera algunas categorías? Diría usted que	oN □z	
`	JS □ L	
- S □ Prefiero no contestar	,0 🗆 (
- js oN □ ' ¬	romántica?	
\$	Actualmente vive Ud. con un cónyuge o pareja	33
durante el año académico.	B ☐ Prefiero no contestar	
de residencia estudiantil o un apartamento que sólo alquile	2 ☐ Nunca he estado casado	
en este momento, aún cuando se trate de una habitación	⁴ □ Separada	
es estudiante, incluya los ingresos del hogar donde vive		
de los impuestos? Su mejor estimación está bien. Sí	— ∂ Divorciada	
saproximadamente cuál fue su ingreso colectivo, antes	ebuiV □ ^s	
ingreso familiar de todas las fuentes en el 2020,	Casada □ ¹	
En estudios como este, la gente es agrupada según los ingresos de toda la familia. Pensando en su	Scuál es su estado civil actual?	70
aines chequines so otage of otse emes scibutes all	Steutae livia obstag ua ag lèu à:	32
<u>_</u>		
⁶ □ Prefiero no contestar	Prefiero no contestar	
mesees.		
S↑ somitlù sol ne secuela en los últimos 12		
4 ☐ Me fui por alguna otra razón	otro, por favor especifique: □ 0	
responsabilidades de cuidado	5 🗆 Nativa de Hawái o de las Islas del Pacífico	
$^3\Box$ Tuve que asumir responsabilidades de crianza u otras	⁴ 🗆 India Americana o nativa de Alaska	
² ☐ Quedé embarazada	snericas o Asiática Americana	
1 ☐ COVID-19 (Coronavirus)		
(. O) OF CIPTOD II)		
neupilde.	neoira o Afro-Americana □ l	
una escuela porque? Por favor marque todos los que	raza?	
o oścata no się w się no się no	Scuál de las siguientes opciones describe mejor su	31
	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Y
Prefiero no contestar		
8 🗌 No puede trabajar	Frefiero no contestar	
sbsliduL □ 7	oN □ s	
6 ☐ La persona que se ocupa de las tareas de la casa	!S □ ι	
—	Houndes o follum folludam Hobito on nesen a=2	00
5 ☐ Ha estado desempleada por menos de 1 año	SEs usted de origen hispano, latino, o español?	30
4 ☐ Ha estado desempleada por 1 año o más		
³ ☐ Estudiante	satiero no contestar □ £	
2 Trabajadora independiente (autoempleada)	² ☐ Fuera de los Estados Unidos	
¹ ☐ Empleada asalariada	Rico, Guam, etc.)	
	↑ En los Estados Unidos (incluyendo sus territorios: Puerto	
nonhuda anh		
SEs usted actualmente? Por favor marque todos los que apliquen.		67

Ahora nos gustaría hacer algunas preguntas con respecto a sus antecedentes. Cuál es el grado más alto o nivel escolar que usted ha completado? '	a. Condón masculino b. DIU (Mirena®, Paragard®, Skyla®, Liletta®, o kyleena®) c. Implante anticonceptivo (Implanon® o '1 2 3 3 4 4 4 4 5 5 4 5 4 5 4 5 4 5 4 5 4 5
SECCIÓN E. INFORMACIÓN DEMOGRÁFICA	Sabe cómo USTED puede conseguir cualquiera de los siguientes métodos anticonceptivos gratis o a bajo costo? (GRATIS se refiere a que usted no tiene que pagar nada de su bolsillo.)
Escriba un número entre 0-4 ↑ □ No sé 2 □ Prefiero no contestar	SECCIÓN D. FUENTES DE INFORMACIÓN SOBRE LA ATENCIÓN MÉDICA
En la siguiente lista de experiencias de salud, ¿cuántas de ellas ha tenido (o experimentado) usted personalmente? No es necesario decir cuáles, solo cuántas - Alguna vez ha utilizado un método anticonceptivo (así anticonceptivas) - Alguna vez ha tenido un aborto (terminó un embarazo a anticonceptivas) - Alguna vez ha tenido un aborto (terminó un embarazo a - Alguna vez ha tenido un aborto (terminó un embarazo a - Ha tenido un embarazo ectópico o tubárico en el último año - Tenido un embarazo ectópico o tubárico en el último año - Ha tenido su presión arterial medida	
Escriba un número entre 0-3 1 □ No sé 2 □ Prefiero no contestar	10 ☐ Prefiero no contestar • Cómo fue usted tratada injustamente? Me trataron injustamente Por favor marque todos los que apliquen. • Debidoe a mi raza l' origen étnico
2 Falso 3 Depende del tipo de método anticonceptivo. 4 No sé 5 Prefilero no contestar 5 Cuántas de ellas ha tenido (o experimentado) usted personalmente? No es necesario decir cuales, solo cuantas. - Alguna vez ha utilizado o tomado un medicamento por lo cual necesitaba una receta médica - Alguna vez ha tenido una prueba de Papanicolaou on prueba de Papanicolaou on cáncer de mama en los últimos 10 sños	el flempo de espera era demasiado largo para ser afendida por algún profesional de salud 7
Verdadero o Falso: Usted puede comenzar cualquier método anticonceptivo que desee durante una visita al consultorio de una clínica. □ Verdadero	SPor qué se retrasó en conseguir o tuvo problemas para conseguir el método anticonceptivo que usted quería? Por favor marque todos los que apliquen. ↑□ COVID-19 lo hizo diffcil.

1 ☐ Sí 2 ☐ No ← Vaya a la Pregunta 25 en la pagina 8 3 ☐ Prefiero no contestar ← Vaya a la Pregunta 25 en la pagina 8	4 ☐ Prefiero no contestar
En los últimos 12 meses, ¿por alguna razón, usted se ha retrasado en conseguir o ha tenido problemas para conseguir el método anticonceptivo que quería?	9s oN □ε on □z
3 ☐ Prefiero no contestar	Condones masculinos o preservativos
ON □ z !S □ ı	³☐ Prefiero no contestar
anticonceptivo pero fue demasiado caro?	oN □s
En los últimos 12 meses, ¿ha necesitado algún método	Si respondió que sí, ¿Alguna vez se sintió presionado por un proveedor médico para conservar el implante que usó por última vez o que sigue usando? 1 □ Sí
4 ☐ Prefiero no contestar	³☐ Prefiero no contestar
s oN □ sé	ès o N □²
oN □²	eselmplante: □ reavoy ese implante: □ r
¹ ☐ Sí, especifique:	exactamente, por favor dé su mejor estimación.
Cualquier otro método no mencionado previamente	Si respondió que sí, Si ya no está usando ese implante, Si cen qué mes y año se lo quitaron? Si no puede recordar
4 ☐ Prefiero no contestar	2 ☐ Prefiero no contestar
³ No sé	Mes: Año: SêM
oN □ z	
pareja sexual) □ Si	Si respondió que sí, ¿En qué mes y año le insertaron el implante por última vez. Si no puede recordarlo exactamente, por favor dé su mejor estimación
Operación masculina (esterilización o vasectomía de la	or □ Prefiero no contestar □ 01 oge y ege y ago isecutoren
p Prefiero no contestar ⊅	
s o M □ sé	9 ☐ Alguna otra cosa, por favor especifique:
ON □ z !S □ ι	√ ☐ Mi proveedor no discutió implantes conmigo. ⁸ ☐ Quiero el control sobre cuándo y si usar el método
Ella®)	el implante
La pildora anticonceptiva de emergencia (la pildora del día siguiente, también conocida como "Plan B"® o	médico médico extraer o extraer o extraer o extraer o la preocupa el procedimiento para insertar o extraer
	and owner siento cómoda pidiéndole un implante a mi
Prefiero no contestar	³ ☐ Debido a mis creencias (religiosas o no) ⁴ ☐ Para evitar efectos secundarios negativos
9s oN □ε • oN □ z	² ☐ No estoy familiarizada con este método anticonceptivo
!S □ ı	otle obsissmeb ee otsoo I∃ □ ¹
pasal del cuerpo).	Si respondió que no, Scuál es la razón principal por la que usted nunca ha usado un implante?
Los métodos de planificación familiar natural (también llamado calendario / método del ritmo, temperatura	Therefore contrestat
- 77197 1	9s oN □ €
4 ☐ Prefiero no contestar	ON □ z ᆜ !S □ ι ─
oN □ sé	
ON □ z !S □ ι	(Implante (Implanon® o Mexplanon®)
capuchón cervical, condón femenino)	anticonceptivos, incluso si ha utilizado el método una sola vez?
Otros métodos anticonceptivos (diafragma, esponja,	sobotèm sotse eb onugla obazilitu ad betsu sev anuglA.

Alguna vez usted <u>ha utilizado</u> alguno de estos métodos anticonceptivos, incluso si ha utilizado el método una sola vez?

DIU (Mirena®, Paragard®, Skyla®, Liletta®, o Kyleena®)

	³ ☐ Prefiero no contestar
	oN □²
	JS □ ι
¿opuesn e	por última vez o que sigue
para mantener el DIU que usó	por un proveedor médico
guna vez se sintió presionada	Si respondió que sí, ¿Ald
	³ ☐ Prefiero no contestar
	ès oN □²
UIG əsə	obnasu yotsə aivaboT 🔲 t
	:oñA :səM
	estimación.
ctamente, por favor dé su mejor	
quitaron o se lo expulsaron?	o ol es ons y sem èus ne.
UIIQ əsə obassıı štaa on s	y iS, is eup óibnoqsei, Si γ
	² ☐ Prefiero no contestar
	- js oN □¹
	:oñA :səM
nación.	por favor dé su mejor estin
buede recordario exactamente,	
n qué mes y año se colocó el	•
	refiero no contestar □ 7
	ès oN □ ª
on outlynut un tod onnation int	(sons č
nal utilizado por un máximo de	
rmonas utilizado por un máximo e conoce como la "T de cohre")	
cai'yèa an sea epezilith eeacas	de 3 años)
utilizado por nn máximo	³ ☐ Skyla® (DIU hormonal
	de 5 años)
ıl utilizado por un máximo	snomon UI() ®sna™ [□s
	qe g suos)
	¹ ☐ Liletta® (DIU hormonal
uənbilde ənb s	Por favor marque todos lo
Sobszilitu ad UIC è	ups, , ìs eup oibnoqse r is
	10 Prefiero no contestar
	⁹ ☐ Alguna otra cosa, por
s cuándo y si usar el método	
sUIG sol ogimnos òit	7 ☐ Mi proveedor no discu
	el DIU
dimiento para insertar o extraer	
pidiendole un DIU a mi médico	
	4 ☐ Para evitar efectos sed
	³ ☐ Debido a mis creencia
con este método anticonceptivo	
	obsisameb es demasiado
ni iod indiamid usees es se	cual <u>usted no usa</u> el DIU?
uál es la razón principal por la	`
	1 □ Prefiero no contestar
	ès oN □ε
	oN □ z –

SECCIÓN C. USO DE ALICONCEPTIVOS EN EL PASADO

3 ☐ No sé 4 ☐ Prefiero no contestar	
oN □s	
Inyecciones anticonceptivas (Depo-Provera®, también Ilamado "la inyección")	EI
⁴ ☐ Prefiero no contestar	
s o N ☐ 8	
ON □ z !S □ ι	
Anillo vaginal (Nuvaring u otros)	12
↑ Prefiero no contestar	
s o N ☐ 8	
oN □ ² '	
Parche anticonceptivo (Evra® u otro)	•
(0.44 . 1 @ - 1.1 4 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 .	
3 □ No sé 4 □ Prefiero no contestar	
oN □ s	
!S □ ι	
Píldoras (o pastillas) anticonceptivas Por favor marque Sí, incluso si está / estaba tomando pastillas anticonceptivas por razones distintas para prevenir el embarazo.	0
tsiesto no contestar □ •	
3 ☐ No sé	
ON □ z !S □ ι	
Coito interrumpido (también llamado "terminar afuera")	6
Alguna vez usted <u>ha utilizado</u> alguno de estos métodos nticonceptivos, incluso si ha utilizado el método una slos vez?	gi
nétodos para prevenir el embarazo, incluidos condones, ildoras anticonceptivas, Depo-Provera (la inyección), DIU, nplantes y métodos sin receta como extracción o "extracción". ambién incluye métodos permanentes como esterilización ubos atados, histerectomía o vasectomía) y otros métodos que odria usar, incluso si los usa por otras razones que no sean ara evitar el embarazo.	nd ni ST 3)
as siguientes preguntas son sobre el uso de anticonceptivos. I control de la natalidad se refiere a TODOS los diferentes	

	I. Centro de Servicio Estatal Anna ¹□ ²□ ³□ ⁴□ C. Shipley
COAID-19	Riverwalk □ Centro de Servicio Estatal Anna 1 2 2 3 4
mi método anticonceptivo debido al	K. Centro de Servicio Estatal Milford 1 2 3 4
la visita a mi médico o clínica para recibir atención de salud sexual o reproductiva debido al COVID-19 d. No pude obtener, o tardé en obtener, ¹□ ²□ ₃□	j. Centro de Servicio Estatal 1 2 3 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
c. Tuve que retrasar, cancelar u omitir 1□ 2□ 3□	Edward W. Pyle
en las horas de trabajo o pérdida de un empleo debido a COVID-19	i. Centro de Servicio Estatal
b. Yo experimenté — o una pareja, un dependiente o miembro cercano de la familia experimentó— una reducción	de La Universidad del Estado de Delaware h. Una clínica de salud escolar 1 □ □ □ 3 □ 4□
haber contraído COVID-19	g. Servicios de Salud del Estudiante 1 2 2 3 4
a. Yo fui —o una pareja, un dependiente ¹□ ²□ 3□ o miembro cercano de la familia fue— diagnosticado con o sospechoso de	Delaware Families First (Centro de Bienestar Familiar/ Familias Primeras de Delaware)
Si No confestar	f. Family Wellness Center/
oıəñərq	e. Centro Médico Henrietta Johnson 1 2 3 4
.evitemnite	c. Clínica La Red de Delaware ¹□ ²□ ³□ ⁴□ d. Planned Parenthood de Delaware
¿ En el año pasado, la pandemia de COVID-19 (coronavirus) le ha afectado de alguna de las siguientes maneras? Por favor, responda Sí o No para cada evento. Es posible que haya más de una respuesta	b. Clinica de Salud de la Universidad del Estado de Delaware □ Clínica La Red Calínica La Red del Estado de Delaware
13 ☐ Prefiero no contester	a. Westside Family Healthcare A Mestside Family Healthcare A □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
¹2 ☐ Por alguna otra razón, Especifique:	отэifэтЯ
¹0 ☐ No tenía seguro por mi seguro por mi seguro 10 ☐ No estaba seguro	En los últimos 12 meses, ¿ha visitado alguno de los siguientes lugares para recibir atención médica para sí mismo/a?
9 \square No tuve tiempo para ir	3 ☐ Prefiero no contestar ← Vaya a la Pregunta 6
™ No pude conseguir una cita pronto □ No tenía transporte □ № □ No tenía transporte	2 No ← Vaya a la Pregunta 6
6 ☐ No pude llegar allí cuando estaba abierto	!S □ ι
$^4\Box$ Yo no sabía a dónde ir $^5\Box$ El lugar donde me atendieron estaba demasiado lejos.	de atención médica, incluyendo urgencias, visitas a salas de emergencias, visitas médicas de rutina y visitas a especialistas (por ejemplo, ginecólogo, dentista, oculista).
3 ☐ Estaba fuera de mi alcance económico	atención médica o de salud? Incluya todos los servicios
² ☐ El lugar al que suelo ir estaba cerrado por culpa de COVID-19.	eb ogit nigls obidises, ¿ha recibido algún tipo de
¹ ☐ Me preocupaba la exposición a COVID-19.	Prefiero no contestar
Por qué usted no recibió atención médica? Por favor marque todos los que apliquen.	4 ☐ Regular 4 ☐ Regular
3 ☐ Prefiero no contestar — Vaya a la Pregunta 8	² ☐ Buena
No → Vaya a la Pregunta 8	¹
JS□ι	Sea iria usted que su estado de salud general es?
En los últimos 12 meses, ¿hubo algún momento en que necesitó cuidado de salud para usted misma, por cualquier razón, pero no pudo obtenerlo?	SECCIÓN B. SALUD GENERAL
, , , , , , , , , , , , , , , , , , ,	

SECCIÓN B. SALUD GENERAL

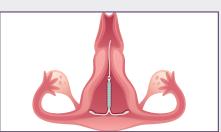
Es importante que recibamos una respuesta de todo hogar seleccionado para este estudio. preguntas en esta página y devuélvanos el folleto en el sobre adjunto. [40TS] Si nadie en su hogar es una mujer (o Transgénero) de 18 a 44 años, responda las dos 5 ☐ Prefiero no contester ⁴ ☐ No me identifico como mujer, hombre ni transgénero ³ ☐ Transgénero 2 ☐ Hombre ¹ ☐ Mujer Sonan género? 10 ☐ Prefiero no contester ès oN □6 sèm o ∂4 □8 *tt*-0*t* □ ∠ 6E-9E ₉ ₽2-08 □ 9 4 □ 52-29 3 □ 20-24 61-81 □s 81 eb soneM □1 → ¿Y si Ud. tuviera algunas categorías? ¿Es su edad... Por favor marque solo uno. 🗖 🗀 Prefiero no contestar :oñA :səM En qué mes γ año nació? SECCIÓN A. Preselección

MÉTODOS ANTICONCEPTIVOS

Los siguentes son sólo algunos de los métodos anticonceptivos que serán mencionados en la encuesta. Por favor reflérase a esta página si usted tiene alguna duda sobre algún métodoanticonceptivo.

DIU (Mirena®, Paragard®, Skyla®, Liletta®, o Kyleena®)

Un DIU (DIU es sinónimo con "dispositivo intrauterino") es un dispositivo anticonceptivo que se inserta en el útero de una mujer.



Algunos DIU como Mirena, Liletta, y Skyla contienen una pequeña cantidad de hormonas que se liberan lentamente durante muchos años (3-6 años dependiendo del DIU) e impiden que una mujer quede embarazada. El DIU Paragard está hecho de cobre, que no contiene ningún tipo de hormonas, y puede impedir que una mujer ningún tipo de hormonas, y puede impedir que una mujer quede embarazada por un máximo de 10 años.

Los métodos de planificación familiar natural (también llamado calendario / método del ritmo, temperatura basal del cuerpo).

por lo tanto se debe evitar tener relaciones sexuales. ella tiene más probabilidades de quedar embarazada y fluidos cervicales cambian y eso señala el tiempo que punto en el mes durante el cual su temperatura y los y el líquido de su cuello uterino todos los días. Hay un que las mujeres hagan un seguimiento de su temperatura de la temperatura basal del cuerpo. Este método requiere naturales de planificación familiar se basan en el método Finalmente, algunas mujeres que utilizan métodos días que son representados por los granos blancos. y ella no debe tener relaciones sexuales durante los embarazada. Cada grano representa cada dia del mes seguimiento de cuando es más probable que quede utilizar los granos de ciclo para ayudarles a hacer un de su ciclo menstrual). Las mujeres también pueden probablemente pueden quedar embarazadas a la mitad, quedar embarazada (las mujeres son más fértiles, y el tiempo que una mujer tiene más probabilidades de no tienen relaciones sexuales pene-vagina durante o el "método del ritmo", que significa que las parejas familiar natural incluyen el "Método del calendario" sin medicación. Algunos métodos de planificación parejas pueden utilizar para prevenir el embarazo comportamientos o estrategias que las mujeres y sus Los métodos de planificación familiar natural incluyen

Parche anticonceptivo (Evra® u otro)

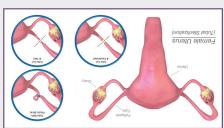


Depo-Provera® (también llamado "la inyección")



Operación femenina (esterilización, ligadura de trompas, Essure®)

Algunas mujeres se esterilizan por medio de la inserción de un pequeño dispositivo dentro de las dentro de las

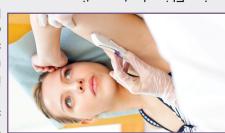


Falopio; este método se llama "Essure®".

Implant (Implanon® o Nexplanon®)

El implante anticonceptivo se llama Nexplanon (la

versión anterior se llamaba Implanon). El implante es una varilla que se inserta en el interior del brazo de una



mujer. El implante contiene una pequeña cantidad de hormonas que se liberan lentamente para evitar que una mujer quede/salga embarazada. El implante es eficaz por un máximode 3 años.

INSTRUCCIONES DE LA ENCUESTA

Por favor marque su respuesta con una "X" utilizando tinta azul o negra, como se muestra en los ejemplos que figuran a continuación.



Las preguntas que le haremos tienen que ver con sus opiniones y su entendimiento acerca de una variedad de temas importantes. Algunos temas pueden ser sensibles para usted, y usted puede negarse a contestar cualquier pregunta para indicar que 'No sabe' o que 'Prefiere no contestar'.

COMIENCE AQUÍ

MORC de la Universidad de Chicago le pide su ayuda con un estudio importante sobre la salud de las mujeres. La información que nos pueda proveer le ayudará a los investigadores comprender mejor los métodos anticonceptivos que utilizan las mujeres y sus opiniones acerca de estos métodos. También le haremos preguntas sobre sus experiencias recibiendo cuidado de salud reproductiva y otras cuestiones sobre su salud y bienestar.

Algunos temas pueden ser delicados para usted y usted puede negarse a responder a cualquier pregunta. La encuesta toma alrededor de 15-20 minutos para completar. Su participación es voluntaria y usted podrá omitir cualquiera de las preguntas. Si Ud.es elegible y completa la encuesta, le ofreceremos un código de regalo adicional de \$10 a su elección de Amazon, Target o Walmart. Si usted tiene preguntas sobre sus derechos como participante de la encuesta antes de iniciar la encuesta, puede llamar al Administrador de la Junta de Revisión Institucional de NORC (llamada grafuita) al 1-866-309-0542.

La información que usted proporcione será utilizada por el equipo de investigación de NORC únicamente para fines estadísticos. Nosotros haremos todo lo posible para proteger la confidencialidad de toda la información a terceros. Sin embargo, nadie puede garantizar la confidencialidad absoluta de los datos que se envían a través del Internet. Los datos que usted proporcione serán almacenados en las computadoras seguras de NORC con protección por contraseña y sólo el personal serán almacenados en las computadoras seguras de NORC con protección por contraseña y sólo el personal autorizado de NORC tendrá acceso a los datos.

Sus opiniones son muy importantes para nosotros, y apreciamos mucho su ayuda.

Si se encuentra con dificultades durante la encuesta, por favor llámenos por línea gratuita al

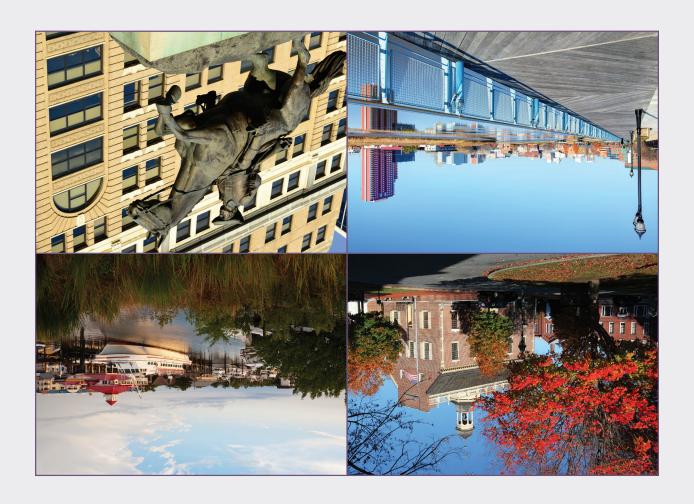
7907-968-778-1

o mándenos un correo electrónico a

womenshealth@norc.org

Esta encuesta debería ser completada por una mujer del hogar entre las edades de 18-44 años.

¿Quién debería completar el estudio?



AND NEW SOLUTION OF THE SOLUTI

Delaware in SURVEY OF ALLA WAY OF ALLA WAY



Who should answer this survey?

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

[SUID]

Version B

SURVEY INSTRUCTIONS

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

Right Way

9399

Wrong Way

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

Researchers at NORC at the University of Chicago are asking for your help with an important study about women's health. The information you provide will help researchers better understand the methods of birth control that women use and how they feel about those methods. We will also ask about your experiences receiving reproductive healthcare and other issues related to your health and well-being.

Some topics may be sensitive for you, and you can decline to answer any question. The survey takes about 15 minutes to complete. Participation is voluntary and you may skip any questions you don't wish to answer. If you are eligible and complete the survey, we will offer you an additional \$10 gift code to your choice of Amazon, Target or Walmart. If you have questions about your rights as a survey participant before starting the survey, you may call the NORC Institutional Review Board Administrator (toll-free) at 1-866-309-0542.

The information you provide will be used by the research team for statistical purposes only. We will do our very best to protect the confidentiality of all the information we collect from you and we will not disclose your information to third parties. However, no one can guarantee complete confidentiality for data sent over the Internet. The data you provide will be stored in secure computers with password protections and only authorized members of the research team will have access to the data.

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

1-877-396-4064

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.

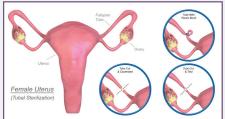
Birth control patch (Evra® or other)



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



Female sterilizing operation



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®".

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.

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 (3-6 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.

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 may 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 her 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 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 B. GENERA	LH	IΕΑ	LTH	I	6	In the past 12 months, was there any time when you wanted health care for yourself, for any reason, but didn't get it?
3	W	ould you say that in general your h	ıealt	h is	?			¹ Yes
	1 🔲	Excellent					1	² □ No → Skip to Question 8
		Very good Good						³☐ Prefer not to answer → Skip to Question 8
	4 <u> </u>	Fair Poor					7	Why didn't you get health care for yourself? Please check all that apply.
4	In ca ind vis	Prefer not to answer the past 12 months, have you rece re or health care? Please include and eluding urgent care, ER visits, routine its with a specialist (e.g., gynecologis ctor).	II me	dical tor vi	care sits, ai			 I was concerned about exposure to COVID-19. The place I usually go was closed because of COVID-19. I couldn't afford it. I didn't know where to go. The place where I got care was too far away. I could not get there when it was open. I could not get an appointment soon enough.
		No → Skip to Question 6						⁸ ☐ I did not have transportation.
		Prefer not to answer Skip to G	Ques	tion 6	6			⁹ ☐ I didn't have time to go.
		•					1	¹⁰ ☐ I didn't have insurance.
5		the past 12 months, have you rece health care from any of the follow				are		 I was unsure about how much of the care would be covered under my insurance. Some other reason why
					David	Prefer		Please specify why:
				No	Don't Know	not to answer		
		Westside Family Healthcare Delaware State University Health	_	2	3	4	1	¹³ ☐ Prefer not to answer
		Clinic	1	2	3 🗀	4	8	In the past year, has the COVID-19 (coronavirus)
		La Red Health Center	_	2 2	3	4 4		pandemic affected you in any of the following ways?
		Planned Parenthood of Delaware Henrietta Johnson Medical Center	1	2 2	3 3	4		Please respond Yes or No for each event. More than one YES response is possible.
		Family Wellness Center/Delaware Families First	1	_	3	4		Prefer
	g.	Delaware State University Student Health Services	1	2	3	4		a. I, a partner, a dependent or close 1 □ 2 □ 3 □
	h.	A school based health clinic	1	2	3	4		family member was diagnosed with, or
	i.	Edward W. Pyle State Service Center	1	2	3	4		suspected to have contracted, COVID-19 b. I, a partner, a dependent or close family 1 2 3 member experienced a reduction in hours
	j.	Thurman Adams State Service Center (formerly the Georgetown State Service Center)	1	2	3	4		worked or lost a job due to COVID-19 reasons
	k.	Milford Riverwalk State Service Center	1	2	3	4		c. I had to delay, cancel or skip visiting my 1 2 3 doctor or clinic for sexual or reproductive health care due to COVID-19 reasons
	I.	Anna C. Shipley State Service Center	1	2	3	4		d. I was unable to get, or delayed in getting, 1 2 3 my birth control method due to COVID-19 reasons

SECTION C. PAST BIRTH CONTROL USE

The next few questions are about using birth control. Birth control refers to ALL the different methods for preventing pregnancy, including condoms, birth control pills, Depo-Provera (the shot), IUDs, implants, and non-prescription methods like withdrawal or "pulling out." It also includes permanent methods like sterilization (tubes tied, hysterectomy, or vasectomy) and other methods you might use, even if you used them for reasons other than to prevent pregnancy.

	even if you have used the method only once?
	9 Withdrawal (also called "the pull-out method")
	1 Yes 2 No 3 Don't Know 4 Prefer not to answer
	Birth control pills Please mark YES even if you are/were taking birth control pills for reasons other than to prevent pregnancy.
	1 Yes 2 No 3 Don't Know 4 Prefer not to answer
(Birth control patch (Evra® or other)
	1 ☐ Yes 2 ☐ No 3 ☐ Don't Know 4 ☐ Prefer not to answer
(Vaginal ring (Nuvaring® or other)
	1 Yes 2 No 3 Don't Know 4 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 ever used any of these birth control methods, even if you have used the method only once?

IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®)
— 1 □ Yes
r ²□ No
³☐ Don't Know
⁴ ☐ Prefer not to answer
If no, what is the primary reason you have never used an IUD?
¹ ☐ The cost is too high
$^2\square$ I am not familiar with this birth control method
³ ☐ Due to my beliefs (religious or otherwise)
⁴ ☐ To avoid negative side effects
5 I am not comfortable requesting an IUD from my doctor
⁶ I am concerned about the procedure for inserting or removing the IUD
⁷ ☐ My provider did not discuss IUDs with me
8 I want control over when and whether to use the method
⁹ ☐ Other, please specify:
¹⁰ ☐ Prefer not to answer
If yes, what IUD have you used?
Please check all that apply.
¹☐ Liletta® (hormonal IUD used for up to 6 years)
² Mirena® (hormonal IUD used for up to 5 years)
³ ☐ Skyla® (hormonal IUD used for up to 3 years)
⁴ Paragard [®] (non-hormonal IUD used for up to 10 years, also called the "copper IUD")
⁵ ☐ Kyleena® (hormonal IUD used for up to 5 years)
6 □ Don't Know
⁷ ☐ Prefer not to answer
If yes, in what month and year did you last have an IUD inserted? If you cannot remember exactly, please give your best estimate.
Month: Year:
¹☐ Don't Know
² ☐ Prefer not to answer
If yes, if you are no longer using that IUD, in what month and year did you have it removed or was it expelled? If you cannot remember exactly, please give your best estimate.
Month: Year:
¹ ☐ I am still using that IUD
² ☐ Don't Know
³ ☐ Prefer not to answer
If yes, did you ever feel pressured by a medical provider to keep in the IUD that you were last using or are still
using?
¹ ☐ Yes
² ☐ No
³ ☐ Prefer not to answer

	cap, female condom)
5 Implant (Implanon® or Nexplanon®)	¹ ☐ Yes
r ¹ ☐ Yes	² □ No
rc2 No	3 ☐ Don't Know
³ □ Don't Know	⁴ ☐ Prefer not to answer
4□ Prefer not to answer	
If no, what is the primary reason <u>you have never used</u> an implant?	Natural family planning methods (also called calendar/rhythm method, cycle beads, basal body temperature).
¹ ☐ The cost is too high	¹ ☐ Yes
2 ☐ I am not familiar with this birth control method	² □ No
³ ☐ Due to my beliefs (religious or otherwise)	³ ☐ Don't Know
⁴ ☐ To avoid negative side effects	⁴ ☐ Prefer not to answer
⁵ ☐ I am not comfortable requesting an implant from my	
doctor $^6\Box$ I am concerned about the procedure for inserting or	Emergency contraception (morning after pill, also known as "Plan B" or Ella®)
removing the implant	¹ ☐ Yes
⁷ ☐ My provider did not discuss implants with me	2
⁸ ☐ I want control over when and whether to use the	³ □ Don't Know
method	⁴ □ Prefer not to answer
⁹ ☐ Other, please specify:	Trotor not to unowor
	20 Partner's vasectomy (also known as male sterilization)
10 ☐ Prefer not to answer	
If yes, in what month and year did you last have an	¹□ Yes
Implant inserted? If you cannot remember exactly, please	² ☐ No
give your best estimate.	³☐ Don't Know
	⁴ ☐ Prefer not to answer
Month: Year:	
¹☐ Don't Know	Any other method not mentioned previously
² Prefer not to answer	¹ ☐ Yes, please specify the other method:
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot	
remember exactly, please give your best estimate.	² □ No
	³ ☐ Don't Know
Month: Year:	⁴ ☐ Prefer not to answer
¹ ☐ I am still using that Implant	
² ☐ Don't Know	In the past 12 months, have you needed a birth control
³☐ Prefer not to answer	method, but couldn't afford it?
If yes, did you ever feel pressured by a medical provider	¹□ Yes
to keep in the implant that you were last using or are still	¹ ☐ Yes ² ☐ No
to keep in the implant that you were last using or are still using?	² □ No
to keep in the implant that you were last using or are still using? $^1\Box$ Yes	
to keep in the implant that you were last using or are still using?	 No ³ □ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any
to keep in the implant that you were last using or are still using? ¹□ Yes ²□ No	 No ⇒ Prefer not to answer In the past 12 months, have you delayed or had trouble
to keep in the implant that you were last using or are still using? 1 Yes 2 No 3 Prefer not to answer Male condoms	 No ³ □ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any
to keep in the implant that you were last using or are still using? 1 Yes 2 No 3 Prefer not to answer Male condoms 1 Yes	 No ³ ☐ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason?
to keep in the implant that you were last using or are still using? 1	 No Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? Yes
to keep in the implant that you were last using or are still using? 1 Yes 2 No 3 Prefer not to answer Male condoms 1 Yes 2 No 3 Don't Know	 2 □ No 3 □ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 □ Yes 2 □ No → Skip to Question 25 on Page 8
to keep in the implant that you were last using or are still using? 1	 2 □ No 3 □ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 □ Yes 2 □ No → Skip to Question 25 on Page 8
to keep in the implant that you were last using or are still using? 1 Yes 2 No 3 Prefer not to answer Male condoms 1 Yes 2 No 3 Don't Know	 2 □ No 3 □ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 □ Yes 2 □ No → Skip to Question 25 on Page 8
to keep in the implant that you were last using or are still using? 1 Yes 2 No 3 Prefer not to answer Male condoms 1 Yes 2 No 3 Don't Know	 2 □ No 3 □ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 □ Yes 2 □ No → Skip to Question 25 on Page 8
to keep in the implant that you were last using or are still using? 1 Yes 2 No 3 Prefer not to answer Male condoms 1 Yes 2 No 3 Don't Know	 2 □ No 3 □ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 □ Yes 2 □ No → Skip to Question 25 on Page 8
to keep in the implant that you were last using or are still using? 1 Yes 2 No 3 Prefer not to answer Male condoms 1 Yes 2 No 3 Don't Know	 2 □ No 3 □ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 □ Yes 2 □ No → Skip to Question 25 on Page 8
to keep in the implant that you were last using or are still using? 1 Yes 2 No 3 Prefer not to answer Male condoms 1 Yes 2 No 3 Don't Know	 2 □ No 3 □ Prefer not to answer In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 □ Yes 2 □ No → Skip to Question 25 on Page 8

24	Why did you delay or have trouble getting the birth control method that you wanted? Please check all that apply.	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
	¹ ☐ COVID-19 made it difficult.	is needed
		- Ever had a pap smear
	³ ☐ I didn't have health insurance.	- Had an abortion (ended a pregnancy on purpose) in the
	⁴ ☐ My health insurance doesn't cover the method I want.	past 5 years
	·	- Diagnosed with breast cancer in the past 10 years
	⁵ ☐ I couldn't get through to a doctor, clinic, or pharmacy on the telephone.	
	6 ☐ Once I got to the doctor, clinic, or pharmacy the wait was	Enter number between 0-4
	too long to see someone.	¹☐ Don't Know
	⁷ ☐ I didn't have transportation or a ride to the clinic/pharmacy	² ☐ Prefer not to answer
lr		
Н	9 ☐ Other, please specify:	On this next list of health experiences, how many of
Н		these have you personally experienced? You don't
Н		need to say which ones, just how many Ever used a birth control method (such as: pills, an IUD or
Н	¹⁰ ☐ Prefer not to answer	implant, condoms, or the shot)
L	How were you treated unfairly? I was treated	- Had a tubal or ectopic pregnancy in the past year
	unfairly Please check all that apply.	- Ever had your blood pressure measured
	¹ ☐ Because of my race/ethnicity	
	² ☐ Because English is not my first language	Enter number between 0-3
	³ ☐ Because of my sexual orientation	¹ ☐ Don't Know
	⁴ ☐ Because of my sexual activity or lifestyle	² ☐ Prefer not to answer
	⁵ ☐ Because of my gender presentation	
	⁶ ☐ Other, please specify:	OFOTION F. DEMOCRAPHICO
		SECTION E. DEMOGRAPHICS
	⁷ ☐ Prefer not to answer	Now we would like to ask you a few questions about your
		background.
	SECTION D. SOURCES OF	28 What is the highest degree or level of school you have
		completed?
	MEDICAL CARE INFORMATION	•
		¹☐ Never attended school or only attended kindergarten
25	Do you know how YOU can get any of the following	² ☐ Grades 1 through 8 (Elementary)
	birth control methods for <u>free</u> (by FREE we mean you	³ ☐ Grades 9 through 11 (Some high school)
	don't have to pay anything out-of-pocket)?	⁴ ☐ Grade 12 or GED
	Prefer	⁵ ☐ Some college, no degree
	not to Yes No answer	⁶ ☐ Associate's degree
	a. Male condoms	bachelor's degree (for example, bA, Ab, b5, bbA)
	b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, ¹☐ ²☐ ³☐	8 ☐ Master's degree
	or Kyleena®)	⁹ ☐ Professional degree beyond a bachelor's degree
	c. Implant (Implanon® or Nexplanon®) 1 2 3	10 ☐ Doctorate degree
	d. Depo-Provera [®] (also called "the shot") 1 2 3	¹¹ ☐ Prefer not to answer
	e. Birth control pills	
	f. NuvaRing® (vaginal birth control ring) 1 2 3	Where were you born?
	g. Other method, please specify:	¹ ☐ United States
		(including its territories: Puerto Rico, Guam, etc.)
		² ☐ Outside of the United States
26	Two or False Vou age start are mathed of high as a	³ ☐ Prefer not to answer
20	True or False. You can start any method of birth control that you want <u>during one office visit</u> to a clinic.	
		30 Are you of Hispanic, Latina, or Spanish origin?
	¹□ True	¹ ☐ Yes
	² False	2 No
	³ ☐ It depends on the type of birth control method	³ Prefer not to answer
	4 ☐ Don't Know	
	⁵ ☐ Prefer not to answer	
1		

_			
31	Which one or more of the following would you say is your race?	37	In the PAST 12 MONTHS, did you leave a job or school because? Please check all that apply
	¹ ☐ Black or African American		¹ ☐ COVID-19 (Coronavirus)
	² White		² ☐ I became pregnant
	³ ☐ Asian or Asian American		³ ☐ I had to take on parenting or other care-giving
	⁴ ☐ Native American, Alaska Native, or American Indian		responsibilities
	⁵ ☐ Native Hawaiian or Pacific Islander		⁴ ☐ I left for some other reason
	⁶ ☐ Other, please describe:		$^{5}\square$ I have not left a job or school in the past 12 months
	· 1	1	⁶ ☐ Prefer not to answer
	⁷ □ Prefer not to answer	38	to the income shared by an entire household. Thinking
32	What is your current marital status?		about your household's income from all sources in 2020, what was the approximate income earned by
	¹ ☐ Now married		everyone, before taxes? Your best guess is fine. If you are a student, please include the household income where
	² ☐ Widowed		you currently live even if that includes a dorm room or
	³ ☐ Divorced		apartment that you rent only during the school year.
	⁴ ☐ Separated		
	5 □ Never married		\$
	⁶ □ Prefer not to answer	١.	□ Don't Know
		- 1 [
33	Do you currently live with a romantic partner?		→ 2 □ Prefer not to answer
	bo you currently live with a romantic partier:	١, ١	What if you had some categories? Would you say your
	¹ ☐ Yes		household's income in 2020 was
	² ☐ No		¹ ☐ Less than \$10,000
	³ ☐ Prefer not to answer		² ☐ \$10,000 to less than \$15,000
			³ ☐ \$15,000 to less than \$20,000
34	Which of the following best represents how you think		⁴ □ \$20,000 to less than \$25,000
	about yourself?		⁵ ☐ \$25,000 to less than \$30,000
	¹ Lesbian or Gay		⁶ ☐ \$30,000 to less than \$35,000
			⁷ ☐ \$35,000 to less than \$40,000
	² ☐ Straight, that is, not lesbian or gay ³ ☐ Bisexual		⁸ ☐ \$40,000 to less than \$50,000
			⁹ □ \$50,000 to less than \$60,000
	⁴ ☐ Something else		¹⁰ □ \$60,000 to less than \$75,000
	5 Don't Know		¹¹ □ \$75,000 to less than \$100,000
	⁶ □ Prefer not to answer		¹² ☐ \$100,000 to less than \$150,000
			¹³ ☐ \$150,000 or more
35	At any time IN THE LAST 3 MONTHS, have you		¹⁴ ☐ Don't Know
	attended school or college? Include only schooling which leads to a high school diploma, or a college, graduate, or		¹⁵ ☐ Prefer not to answer
	professional degree.		
		39	Now, please consider just yourself. During the past 12
	¹ ☐ Yes		MONTHS, did YOU receive any income from wages,
	² □ No		salary, commissions, bonuses, or tips?
	³ ☐ Prefer not to answer		¹□ Yes
			² ☐ No → Skip to Question 42 on Page 10
36	Are you currently? Please check all that apply		³ ☐ Prefer not to answer → Skip to Question 41 on Page 10
	¹ ☐ Employed for wages		_ · · · · · · · · · · · · · · · · · · ·
	²□ Self-employed	40	What was the total amount of income YOU received
	³ ☐ A student	4	for the PAST 12 MONTHS? Please report the amount you
	⁴ ☐ Out of work for 1 year or more		earned before taxes were taken out. Your best guess is
	5 ☐ Out of work for less than 1 year		fine.
	6 ☐ A Homemaker		
			\$
1	7 □ Potirod		
	7 ☐ Retired		¹ □ Don't Know
	⁸ ☐ Unable to work		
			¹ □ Don't Know ² □ Prefer not to answer
	⁸ ☐ Unable to work		
	⁸ ☐ Unable to work		

During the PAST 12 MONTHS, how many hours did you usually work each WEEK? How many your house				
	y children less than 1 sehold?	8 years of	age live	in
Hours per week	umber of children			
¹□ Don't Know	now			
² ☐ Prefer not to answer	not to answer			
42 In the next set of questions, we'd like to ask about your 45 Did you li	ve in this house or ap	artment 1	year ag	o?
current living situation. Is the house, apartment, or	-		, ,	
, ,	Skip to Question 47		tin Dal	
¹ U Owned by you or someone in this household with a	ed in a different house			
state	ed in a different house	or apartme	ent in and	otner
² ☐ Owned by you or someone in this household free and	ed in a different house	or anartme	ent outsid	le of the
United		or apartirio	one outore	10 01 1110
³ ☐ Rented 5 ☐ Prefer r	not to answer			
4 ☐ Occupied without payment of rent				
	been living or staying than 2 months?	g at your c	urrent a	ddress
1 Yes				
Including you, how many people live or stay at this address? 1 □ Yes 2 □ No				
³□ Prefer r	not to answer			
Number of people				
¹□ Don't Know				
²☐ Prefer not to answer				
SECTION F.				
REPRODUCTIVE HEAL	.TH			
In the next section, we'd like to learn more about your reproductive health.				
47 Are you currently covered by any of the following types of health insurance	9?			
	e?			
	e? Yes	No	Don't Know	Prefer not to answer
	Yes	No 2□	Don't Know	
Are you currently covered by any of the following types of health insurance a. Insurance through current or former employer or union (by you or another far This would include COBRA coverage	Yes mily member). 1□		Know	to answer
Are you currently covered by any of the following types of health insurance a. Insurance through current or former employer or union (by you or another far This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another)	Yes mily member). 1□		Know	to answer
Are you currently covered by any of the following types of health insurance a. Insurance through current or former employer or union (by you or another fair This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another member). This would include coverage purchased through an exchange or member.	Yes mily member). 1□	2	Know 3	to answer
a. Insurance through current or former employer or union (by you or another fair This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another member). This would include coverage purchased through an exchange or member as Healthcare.gov	Yes mily member). family narketplace,	2	3 3 3	to answer 4 4 4
 Are you currently covered by any of the following types of health insurance a. Insurance through current or former employer or union (by you or another far This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another member). This would include coverage purchased through an exchange or m such as Healthcare.gov c. Medicare, for people 65 and older or people with certain disabilities 	Yes mily member). family narketplace,	2	3 3 3 3 3 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3	to answer 4 4 4 4 4
a. Insurance through current or former employer or union (by you or another fair This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another member). This would include coverage purchased through an exchange or member as Healthcare.gov	Yes mily member). 1 family 1 narketplace, 1 n (CHIP) or any 1	2	3 3 3	to answer 4 4 4
 a. Insurance through current or former employer or union (by you or another far This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another member). This would include coverage purchased through an exchange or musuch as Healthcare.gov c. Medicare, for people 65 and older or people with certain disabilities d. Medicaid, Medical Assistance (MA), the Children's Health Insurance Program kind of state or government-sponsored assistance plan based on income or may know this type of coverage as Diamond State Health. 	Yes mily member). 1 family 1 narketplace, 1 n (CHIP) or any 1	2	3 3 3 3 3 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3	to answer 4 4 4 4 4
 a. Insurance through current or former employer or union (by you or another fair This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another member). This would include coverage purchased through an exchange or member. This would include coverage purchased through an exchange or member as Healthcare.gov c. Medicare, for people 65 and older or people with certain disabilities d. Medicaid, Medical Assistance (MA), the Children's Health Insurance Program kind of state or government-sponsored assistance plan based on income or a supplication. 	Yes mily member). 1 family 1 narketplace, 1 n (CHIP) or any 1	2	3 3 3 3 3 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3	to answer 4 4 4 4 4
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 a. Insurance through current or former employer or union (by you or another fair This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another member). This would include coverage purchased through an exchange or musuch as Healthcare.gov c. Medicare, for people 65 and older or people with certain disabilities d. Medicaid, Medical Assistance (MA), the Children's Health Insurance Program kind of state or government-sponsored assistance plan based on income or may know this type of coverage as Diamond State Health. e. TRICARE or other military health care, including VA health care. 	Yes mily member). family narketplace, (CHIP) or any a disability. You	2	3 3 3 3	to answer 4
 a. Insurance through current or former employer or union (by you or another fair This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another member). This would include coverage purchased through an exchange or musuch as Healthcare.gov c. Medicare, for people 65 and older or people with certain disabilities d. Medicaid, Medical Assistance (MA), the Children's Health Insurance Program kind of state or government-sponsored assistance plan based on income or may know this type of coverage as Diamond State Health. e. TRICARE or other military health care, including VA health care. f. Indian Health Service 	Yes mily member). Ifamily narketplace, I (CHIP) or any a disability. You I 1	2	8	to answer 4
 a. Insurance through current or former employer or union (by you or another fair This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another member). This would include coverage purchased through an exchange or musuch as Healthcare.gov c. Medicare, for people 65 and older or people with certain disabilities d. Medicaid, Medical Assistance (MA), the Children's Health Insurance Program kind of state or government-sponsored assistance plan based on income or may know this type of coverage as Diamond State Health. e. TRICARE or other military health care, including VA health care. f. Indian Health Service g. Any other type of health insurance or health coverage plan. Specify: 	Yes mily member). Ifamily narketplace, I (CHIP) or any a disability. You I I I I I I I I I I I	2	8 Know 3	4
 a. Insurance through current or former employer or union (by you or another fair This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another member). This would include coverage purchased through an exchange or musuch as Healthcare.gov c. Medicare, for people 65 and older or people with certain disabilities d. Medicaid, Medical Assistance (MA), the Children's Health Insurance Program kind of state or government-sponsored assistance plan based on income or may know this type of coverage as Diamond State Health. e. TRICARE or other military health care, including VA health care. f. Indian Health Service 	Yes mily member). Ifamily narketplace, I (CHIP) or any a disability. You I 1	2	8	to answer 4
 a. Insurance through current or former employer or union (by you or another fair This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another member). This would include coverage purchased through an exchange or musuch as Healthcare.gov c. Medicare, for people 65 and older or people with certain disabilities d. Medicaid, Medical Assistance (MA), the Children's Health Insurance Program kind of state or government-sponsored assistance plan based on income or may know this type of coverage as Diamond State Health. e. TRICARE or other military health care, including VA health care. f. Indian Health Service g. Any other type of health insurance or health coverage plan. Specify: 	Yes mily member). Ifamily narketplace, I (CHIP) or any a disability. You I I I I I I I I I I I	2	8 Know 3	4
 a. Insurance through current or former employer or union (by you or another fair This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another member). This would include coverage purchased through an exchange or musuch as Healthcare.gov c. Medicare, for people 65 and older or people with certain disabilities d. Medicaid, Medical Assistance (MA), the Children's Health Insurance Program kind of state or government-sponsored assistance plan based on income or may know this type of coverage as Diamond State Health. e. TRICARE or other military health care, including VA health care. f. Indian Health Service g. Any other type of health insurance or health coverage plan. Specify: 	Yes mily member). Ifamily narketplace, I (CHIP) or any a disability. You I I I I I I I I I I I	2	8 Know 3	4
 a. Insurance through current or former employer or union (by you or another fair This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another member). This would include coverage purchased through an exchange or musuch as Healthcare.gov c. Medicare, for people 65 and older or people with certain disabilities d. Medicaid, Medical Assistance (MA), the Children's Health Insurance Program kind of state or government-sponsored assistance plan based on income or may know this type of coverage as Diamond State Health. e. TRICARE or other military health care, including VA health care. f. Indian Health Service g. Any other type of health insurance or health coverage plan. Specify: 	Yes mily member). Ifamily narketplace, I (CHIP) or any a disability. You I I I I I I I I I I I	2	8 Know 3	4
 a. Insurance through current or former employer or union (by you or another fair This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another member). This would include coverage purchased through an exchange or musuch as Healthcare.gov c. Medicare, for people 65 and older or people with certain disabilities d. Medicaid, Medical Assistance (MA), the Children's Health Insurance Program kind of state or government-sponsored assistance plan based on income or may know this type of coverage as Diamond State Health. e. TRICARE or other military health care, including VA health care. f. Indian Health Service g. Any other type of health insurance or health coverage plan. Specify: 	Yes mily member). I family narketplace, I (CHIP) or any a disability. You I 1 1 1 1 1 1 1 1 1	2	8 Know 3	4
 a. Insurance through current or former employer or union (by you or another fair This would include COBRA coverage b. Insurance purchased directly from an insurance company (by you or another member). This would include coverage purchased through an exchange or musuch as Healthcare.gov c. Medicare, for people 65 and older or people with certain disabilities d. Medicaid, Medical Assistance (MA), the Children's Health Insurance Program kind of state or government-sponsored assistance plan based on income or may know this type of coverage as Diamond State Health. e. TRICARE or other military health care, including VA health care. f. Indian Health Service g. Any other type of health insurance or health coverage plan. Specify: 	Yes mily member). I family narketplace, I (CHIP) or any a disability. You I 1 1 1 1 1 1 1 1 1	2	8 Know 3	4

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48	Did you have health insurance during all of the past 12 months? ¹□ Yes → Skip to Question 50	51	a d	loc eck	t how long tor or othe cup? A rou	er health utine che	<mark>care pro</mark> ckup is a	vider fo genera	o <mark>r a ro</mark> ll physic	utine cal exa	am,
	² ☐ No ³ ☐ Prefer not to answer		1 1	Wit Wit	hin the pas	st year (a st 2 years	nytime le s (1 year	ess than but less	12 mo	nths a	ago)
49	For how many of the past 12 months were you WITHOUT health insurance?		4 🔲 🤅	5 o	hin the pas r more yea	-	s (2 year	s but les	s than	5 yea	rs ago)
	¹ □ Less than 1 month ² □ 1 to 3 months			Do	ver n't Know efer not to a	ınswer					
	 ³ ☐ 4 to 6 months ⁴ ☐ 7 to 12 months ⁵ ☐ Prefer not to answer 	52			e past 12 n healthcar			u gone	to a do	octor	or
50	Do you have at least one person or place you think of as your personal doctor or health care provider?							Y	es No	Don't Know	
	¹ ☐ Yes ² ☐ No			pr m	method of escription f ethod	or a birth	control	_	2	3	4
	³ ☐ Prefer not to answer		b.		check-up o using birth			ated ¹┌	2	3	4
				Co bii	ounseling o	r informa	ation abo	out 1	2	3	4
			d.	ca	doctor, nur ire providei ant to beco	asked y	ou if you	ne		2	4.
					ext year	44			2 2	3	4
				Α	pregnancy general G\ omen's visi	'N check	-up (ann	ual 1	2 2	3 3	4
	you have not gone to a doctor or other healthcare provider in the kip to Question 54 on Page 12. Otherwise, continue to Question Please rate the healthcare provider you saw most recently	53.									please
Γ											
	a. Respecting me as a person		Po	or	Fair 2□	Good 3□	Very Good ⁴	Exceller	t Kno	ow to	refer not answer
	b. Letting me say what mattered to me about my birth control method		1		2	3	4	5	6]	7
	c. Taking my preferences about my birth control seriously		1		2	3	4	5	6]	7
	 d. Giving me enough information to make the best decision about my birth control method 		1		2	3	4	5	6]	7
	e. Keeping information about me and my care private		1		2	3	4	5	6]	7
	f. Having translation available when I want/need it		1		2	3	4	5	6]	7

	Extremely	Somewhat	Not at all	Don't Know	Prefer n to answ
I can stop using the birth control method at any time	1	2	3	4	5
I can get pregnant immediately after I stop using it	1	2	3	4	5
The method is affordable	1	2	3	4	5
The method is easy to use	1	2	3	4	5
I don't have to remember to use the method each time I have					
sex	1	2	3	4	5
I use the method only when I am going to have sex	1	2	3	4	5
The method is easy for me to get	1	2	3	4	5
I can get it without seeing a doctor or going to a clinic	1	2	3	4	5
The method has few or no side effects	1	2	3	4	5
The method doesn't detract from my sexual enjoyment	1	2	3	4	5
The method does not detract from my partner's sexual enjoymen	t ¹□	2	3	4	5
The method has a health benefit	1	2	3	4	5
. The method protects against sexually transmitted infections	1	2	3	4	5
The method does not change my menstrual periods	1	2	3	4	5
The method is very effective at preventing pregnancy	1	2	3	4	5
. I am responsible for using the method and not my sexual partner	1	2	3	4	5
I have control over when and whether to use the method	1	2	3	4	5
No one can tell that I am using the method	1	2	3	4	5
ave you had a female sterilizing operation such as abal sterilization (also called getting "getting your abes tied" or having a "tubal ligation"), "Essure" sterilization method where women have a small bil inserted inside her fallopian tubes) or another operation (such as a hysterectomy) that makes you	could be re reversed? \forall Definitely	versed safe Would you s	ly, would y	tubal steriliz ou want to ha	
abal sterilization (also called getting "getting your abes tied" or having a "tubal ligation"), "Essure" sterilization method where women have a small bil inserted inside her fallopian tubes) or another peration (such as a hysterectomy) that makes you currently unable to get pregnant? Yes, "tubal ligation," "tubes tied," or "Essure"	could be re reversed? \(^1 \subseteq \text{Definitely} \) \(^1 \subseteq \text{Definitely} \) \(^2 \subseteq \text{Probably} \) \(^3 \subseteq \text{Probably} \) \(^4 \subseteq \text{Definitely} \)	versed safe Would you s yes yes no no	ly, would y	ou want to h	
abal sterilization (also called getting "getting your libes tied" or having a "tubal ligation"), "Essure" sterilization method where women have a small bil inserted inside her fallopian tubes) or another peration (such as a hysterectomy) that makes you currently unable to get pregnant? Yes, "tubal ligation," "tubes tied," or "Essure" Yes, hysterectomy or another operation, so unable to get pregnant Skip to Question 87 on Page 18	could be re reversed? \(^1 \) Definitely \(^2 \) Probably \(^3 \) Probably \(^4 \) Definitely \(^5 \) I already \(^6 \) Don't Known (1)	versed safe Would you s yes yes no no had the oper	ly, would y	ou want to h	
abal sterilization (also called getting "getting your abes tied" or having a "tubal ligation"), "Essure" sterilization method where women have a small bil inserted inside her fallopian tubes) or another peration (such as a hysterectomy) that makes you currently unable to get pregnant? Yes, "tubal ligation," "tubes tied," or "Essure" Yes, hysterectomy or another operation, so unable to get pregnant \longrightarrow Skip to Question 87 on Page 18 No \longrightarrow Skip to Question 58 Prefer not to answer \longrightarrow Skip to Question 58	could be rereversed? In the probably and period and per	yes yes no no had the oper bw t to answer	ly, would y	ou want to h	ave it
abal sterilization (also called getting "getting your abes tied" or having a "tubal ligation"), "Essure" sterilization method where women have a small bil inserted inside her fallopian tubes) or another peration (such as a hysterectomy) that makes you currently unable to get pregnant? Yes, "tubal ligation," "tubes tied," or "Essure" Yes, hysterectomy or another operation, so unable to get pregnant \longrightarrow Skip to Question 87 on Page 18 No \longrightarrow Skip to Question 58 Prefer not to answer \longrightarrow Skip to Question 58 If plus the plus tied of the plus tie	could be rereversed? V 1 Definitely 2 Probably 3 Probably 4 Definitely 5 I already 6 Don't Kno 7 Prefer no	yersed safe Would you s yes yes no no had the oper ow t to answer a tubal ligation testion 77 on	ly, would your ay ration revers on, "Essure page 15.	ou want to ha	ave it
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SECTION G. CURRENT BIRTH CONTROL USE

	SECTION G. CURRENT BIRTH CONTROL USE		control, please skip to Question 77 on Page 15. Otherwise, continue to Question 62.
50	Are you <u>currently using</u> any method or methods of birth control?		What kind(s) of birth control method(s) are you currently using? Please check all that apply.
	¹ ☐ Yes → Skip to Question 62	6	2 Withdrawal (also called "the pull-out method")
	² □ No		r¹
	³☐ Prefer not to answer → Skip to Question 62		² No ³ Prefer not to answer
1	What are your reasons for not using any method of birth control? Please check all that apply.		If yes, did you use this method the last time you had sex with a male?
	¹ ☐ I'm not currently having penile-vaginal sex or sex that could lead to pregnancy		¹ ☐ Yes ² ☐ No
	² ☐ I just don't think about it		³ □ Don't Know
	³ ☐ I don't mind if I get pregnant		⁴ ☐ Prefer not to answer
	⁴ ☐ I want to get pregnant		
	 5 □ I don't want to use a birth control method 6 □ My partner doesn't want to use a birth control method 	6	Birth control pills. Please mark YES even if you are taking birth control pills for reasons other than to prevent
	7 ☐ We just use "pulling out"		pregnancy.
	8 My partner is female	ľ	r¹ Yes
	9 ☐ I stopped using birth control methods due to side effects		2 □ No
	10 ☐ It's too hard to get to (no transportation or child care, cannot take time off work)		³ Prefer not to answer
	11 ☐ I didn't trust giving out my personal information to medical personnel		If yes, did you use this method the last time you had sex with a male? ¹☐ Yes
	¹² ☐ I can't pay for birth control		² □ No
	¹³ I don't think I can get pregnant		³ □ Don't Know
	14 ☐ I recently stopped using my birth control method and haven't started it again		⁴ □ Prefer not to answer
	15 ☐ I'm worried about people in my community knowing that I'm using birth control	6	Birth control patch (Evra® or other)
	16 ☐ I'm currently breastfeeding		r ¹□ Yes
	17 ☐ I think my partner is sterile and cannot impregnate me 18 ☐ I think that I might be infertile or it might be impossible for		² □ No
	me to get pregnant		³ ☐ Prefer not to answer
	¹⁹ Religious reasons		If yes, did you use this method the last time you had sex
	²⁰ □ I just had a baby		with a male? ¹
	²¹ ☐ I don't have sex very often		² □ No
	²² ☐ I enjoy sex more when I don't use a birth control method		3 □ Don't Know
	²³ ☐ Other, <i>please specify</i> :		⁴ ☐ Prefer not to answer
	Prefer not to answer	6	Vaginal ring (Nuvaring® or other)
			r¹ ☐ 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
			I Leter Hor to gliswel

If you are <u>not</u> currently using any method or methods of birth

Yes No S Prefer not to answer Fro, did you use this method the last time you had sex with a male? Yes No None A Ittle S Nome None A Ittle S Nome None Non	What kind(s) of birth control method(s) are you currently using? Please check all that apply	68 Implant (Implanon® or Nexplanon®)
Yes No S Prefer not to answer Fro, did you use this method the last time you had sex with a male? Yes No None A Ittle S Nome None A Ittle S Nome None Non	Depo-Provera® (also called "the shot")	
If yes, did you use this method the last time you had sex with a male? If yes, did you use this method the last time you had sex with a male? If yes		111
## yes, did you use this method the last time you had sex with a male?		
if yes, did you use this method the last time you had sex with a male? 1		
with a male? 1 Yes 2 No 3 Don't Know 4 Prefer not to answer 7 IUD (Mirena*, Paragard*, Skyla*, Liletta, or Kyleena*) 1 Yes 2 No 3 Prefer not to answer 1 Too, did you ever feel pressure from a medical provider to use an implant when you would have rather used another method or no method at all? 1 Mirena* 2 Paragard* 3 Skyla* 4 Liletta* 5 Kyleena* 6 Prefer not to answer 1 None 2 A little 3 Some 4 Quite a bit 4 A lot 5 Prefer not to answer 1 Yes 2 No 3 Prefer not to answer 3 Outer barrier methods (diaphragm, sponge, cervical cap, female condom)	- .	¹ □ None
1		² ☐ A little
The content of the		³ ☐ Some
The continuous of the contin		
IUD (Mirena®, Paragard®, Skyla®, Liletta, or Kyleena®) IUD (Mirena®, Paragard®, Skyla®, Liletta, or Kyleena®) I' Yes	³ □ Don't Know	
to use an implant when you would have rather used another method or no method at all? 1	⁴ ☐ Prefer not to answer	⁶ □ Prefer not to answer
1	Tud (Mirena®, Paragard®, Skyla®, Liletta, or Kyleena®)	to use an implant when you would have rather used
2	_1□ Voc	
Signature Sign	-	
If yes, what IUD are you currently using? Mirena® Paragard® Liletta® Liletta® Prefer not to answer None Quite a bit Quite a bit		
you felt pressure from a medical provider to use an implant, how much pressure did you feel? A little A little A little A little A lot A	- .	_ _
implant, how much pressure did you feel? A little A little A little A lot A		
3		
4 Liletta® 5 Kyleena® 6 Prefer not to answer If yes, how much pressure did you feel from a medical provider to have the IUD inserted? 1 None 2 A little 3 Some 4 Quite a bit 5 A lot 6 Prefer not to answer If no, did you ever feel pressure from a medical provider to use an IUD when you would have rather used another method or no method at all? If yes 2 No 3 Prefer not to answer If yes 2 No 3 Prefer not to answer Other barrier methods (diaphragm, sponge, cervical cap, female condom)		
Signature Sign		² ☐ Some
Frefer not to answer		
If yes, how much pressure did you feel from a medical provider to have the IUD inserted? None		
provider to have the IUD inserted? None	III , -	⁵ □ Prefer not to answer
None 2		Mala and ma
3 ☐ Some 4 ☐ Quite a bit 5 ☐ A lot 6 ☐ Prefer not to answer If no, did you ever feel pressure from a medical provider to use an IUD when you would have rather used another method or no method at all? 1 ☐ Yes 2 ☐ No 3 ☐ Don't Know 4 ☐ Prefer not to answer 1 ☐ Yes 2 ☐ No 3 ☐ Prefer not to answer 1 ☐ Yes 2 ☐ No 3 ☐ Prefer not to answer 1 ☐ Yes 2 ☐ No 3 ☐ Prefer not to answer 1 ☐ Yes 2 ☐ No 3 ☐ Don't Know 4 ☐ Prefer not to answer 1 ☐ Yes 2 ☐ No 3 ☐ Don't Know 4 ☐ Prefer not to answer	¹ ☐ None	Male condoms
4 Quite a bit 5 A lot 6 Prefer not to answer If no, did you ever feel pressure from a medical provider to use an IUD when you would have rather used another method or no method at all? 1 Yes 2 No 3 Prefer not to answer Other barrier methods (diaphragm, sponge, cervical cap, female condom)	² ☐ A little	r¹ ☐ Yes
5 ☐ A lot 6 ☐ Prefer not to answer If no, did you ever feel pressure from a medical provider to use an IUD when you would have rather used another method or no method at all? 1 ☐ Yes 2 ☐ No 3 ☐ Prefer not to answer If yes, thinking about the most recent time that you Yes	³ ☐ Some	² □ No
6 ☐ Prefer not to answer If no, did you ever feel pressure from a medical provider to use an IUD when you would have rather used another method or no method at all? 1 ☐ Yes 2 ☐ No 3 ☐ Don't Know 4 ☐ Prefer not to answer 70 Other barrier methods (diaphragm, sponge, cervical cap, female condom)	⁴ ☐ Quite a bit	³ ☐ Prefer not to answer
If no, did you ever feel pressure from a medical provider to use an IUD when you would have rather used another method or no method at all? 1 Yes 2 No 3 Don't Know 4 Prefer not to answer 1 Yes 2 No 3 Don't Know 4 Prefer not to answer 1 Yes 2 No 3 Don't Know 4 Prefer not to answer 1 Yes 2 No 3 Don't Know 4 Prefer not to answer 1 Yes 4 Prefer not to answer 70 Other barrier methods (diaphragm, sponge, cervical cap, female condom)		
to use an IUD when you would have rather used another method or no method at all? 1 Yes 2 No 3 Prefer not to answer 70 Other barrier methods (diaphragm, sponge, cervical cap, female condom)		
method or no method at all? 1 Yes 2 No 3 Prefer not to answer 70 Other barrier methods (diaphragm, sponge, cervical cap, female condom)		
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2 No 3 Prefer not to answer Other barrier methods (diaphragm, sponge, cervical cap, female condom) Other barrier methods (diaphragm, sponge, cervical cap, female condom)		_
3 ☐ Prefer not to answer 70 Other barrier methods (diaphragm, sponge, cervical cap, female condom)		□ Freier Hot to guswei
If yes, thinking about the most recent time that you cap, female condom)		Other barrier methods (diaphragm, sponge, cervical
felt pressure from a medical provider to use an ILID	If yes, thinking about the most recent time that you	
	felt pressure from a medical provider to use an IUD,	_1 □ Voo
now much procedure and you reer.		
	¹☐ A little	
□ Some	Some	11
Guite a bit	Quite a bit	
⁴ ☐ A lot ⁵ ☐ Professional Association with a male?	☐ A lot	¹ ☐ Yes
⁵ ☐ Prefer not to answer ² ☐ No	☐ Prefer not to answer	² □ No
³ ☐ Don't Know		³ ☐ Don't Know
⁴ ☐ Prefer not to answer		⁴ ☐ Prefer not to answer

	What kind(s) of birth control method(s) are you currently using? Please check all that apply	75	How confident are you that you have been using your method(s) of birth control correctly for the past 3 months?
7	Natural family planning methods (also called calendar/ rhythm method, cycle beads, basal body temperature)		¹ ☐ Completely confident
	┌ ¹☐ Yes		 ² ☐ Somewhat confident ³ ☐ Neither confident nor not confident
	² ☐ No		⁴ Somewhat not confident
	³ ☐ Prefer not to answer		5 Not at all confident
	If yes, did you use this method the last time you had sex		6 ☐ Prefer not to answer
	with a male?		_
	¹ ☐ Yes	76	Your use of your birth control method in the past 3
	² ☐ No ³ ☐ Don't Know		months was:
	4 ☐ Prefer not to answer		¹ ☐ Completely under your control
	The first to answer		² ☐ Somewhat under your control
72	Emergency contraception (morning after pill, also		³ ☐ Neither under your control nor out of your control
Ĭ	known as "Plan B" or Ella®)		⁴ ☐ Somewhat out of your control
	r¹ Yes		⁵ ☐ Not at all under your control
	²□ No		⁶ □ Prefer not to answer
	³ □ Prefer not to answer		
	If yes, did you use this method the last time you had sex with a male?	7	If you could use any birth control method you wanted, what method(s) would you use? Please check all that apply.
	¹ ☐ Yes		
	² □ No		¹ ☐ I am using the method that I want to use → Skip to Question 79 on Page 16
	3 ☐ Don't Know		² ☐ Tubal ligation ("tubes tied") or another operation that
	⁴ ☐ Prefer not to answer		makes you unable to get pregnant
			³ ☐ Partner's vasectomy (also known as male sterilization)
73	Partner's vasectomy (also known as male sterilization)		⁴ ☐ Withdrawal ("pulling out")
	r¹ ☐ Yes		⁵ ☐ Birth control pills ("the pill")
	² ☐ No		6 ☐ Male condoms
	³ ☐ Prefer not to answer		7 ☐ Birth control patch (on the skin)
	If yes, did you use this method the last time you had sex		 ⁸ ☐ Vaginal ring (NuvaRing® or other) ⁹ ☐ The shot (Depo-Provera®)
	with a male?		¹0 Female condom
	¹ ☐ Yes		¹¹ ☐ Implant (in the arm; Implanon® or Nexplanon®)
	2 No 3 Don't Know		¹² ☐ IUD (intrauterine device; e.g., Mirena; Liletta, Skyla,
	³ □ Don't Know ⁴ □ Prefer not to answer		ParaGard, Kyleena)
	THEIR HOLEO WISWEI		13 Fertility awareness-based methods (e.g., calendar/rhythm
74	Other method		method, CycleBeads®, basal body temperature, natural family planning methods)
	T¹ ☐ Yes, please specify the other method:		¹⁴ Emergency contraception (also known as the morning-after pill, Plan B® or Ella®)
			¹⁵ ☐ Other method:
	2 □ No		
	□ Prefer not to answer		16 ☐ I would prefer not to use any method → Skip to
	If yes, did you use this method the last time you had sex		Question 79
	with a male?		17 ☐ Don't Know
	¹ ☐ Yes		¹⁸ ☐ Prefer not to answer
	² □ No		
	3 ☐ Don't Know		
	4 ☐ Prefer not to answer		

What is the main reason you are not currently using the birth control method you want to use?	81 How satisfied are you with your birth control method? If not using a method, tell us how satisfied you are with using no method. If using more than one method, please report
¹ ☐ I can't afford it	on your satisfaction with the method you use most often.
² ☐ I don't have health insurance	
³ ☐ My health insurance doesn't cover it	¹ Very satisfied
⁴ ☐ The insurance co-pays/deductibles are too high	² ☐ Somewhat satisfied
5 ☐ It's too hard to get to (no transportation or child care, can't	³☐ Neither satisfied nor dissatisfied
take time off work)	⁴ ☐ Somewhat dissatisfied
$^6\square$ I don't know where I can get the birth control method I	⁵ ☐ Very dissatisfied
want	⁶ ☐ Prefer not to answer
⁷ The method that I want is not available at my doctor's office, clinic or pharmacy	82 How important is it to you to AVOID becoming pregnant
8 I don't want my partner or family to find out that I want to use a birth control method	now?
⁹ ☐ I don't trust giving out my personal information to medical	¹ Very important
staff	² ☐ Somewhat important
¹⁰ ☐ My health care provider suggested I use something else	³ ☐ Neither important nor unimportant
¹¹ ☐ I have an appointment scheduled, but haven't gone yet	⁴ ☐ Somewhat unimportant
¹² ☐ I'm trying to get pregnant	⁵ ☐ Not at all important
¹³ ☐ My partner doesn't want to use this birth control method	⁶ ☐ Prefer not to answer
14 ☐ I'm worried about people in my community knowing that I'm using birth control	If you have had a tubal ligation, "Essure" or had your tubes tied,
¹⁵ ☐ I'm not sure	please go to Question 87 on page 18.
¹⁶ ☐ I or my partner are surgically sterile (had a tubal sterilization, vasectomy, or other operation)	83 Would you say switching your current birth control
¹⁷ ☐ Other (specify):	method and using another method of birth control in the next 3 months is? If you are not currently using a
	method, tell us how likely you are to start using a method in
18 ☐ Prefer not to answer	the next 3 months.
	¹ ☐ Very likely
Thinking about the past 3 months, about how often did	² ☐ Somewhat likely
Thinking about the past 3 months, about how often did you have sex with a male? By sex, we mean a penis was	
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.	² ☐ Somewhat likely
you have sex with a male? By sex, we mean a penis was inserted in your vagina.	² ☐ Somewhat likely ³ ☐ Neither likely nor unlikely
you have sex with a male? By sex, we mean a penis was inserted in your vagina. ¹□ About once a week or more	² ☐ Somewhat likely ³ ☐ Neither likely nor unlikely ⁴ ☐ Somewhat unlikely
you have sex with a male? By sex, we mean a penis was inserted in your vagina. 1 About once a week or more 2 A few times a month	² ☐ Somewhat likely ³ ☐ Neither likely nor unlikely ⁴ ☐ Somewhat unlikely ⁵ ☐ Very unlikely
you have sex with a male? By sex, we mean a penis was inserted in your vagina. 1 About once a week or more 2 A few times a month 3 About once a month	² ☐ Somewhat likely ³ ☐ Neither likely nor unlikely ⁴ ☐ Somewhat unlikely ⁵ ☐ Very unlikely
you have sex with a male? By sex, we mean a penis was inserted in your vagina. 1 About once a week or more 2 A few times a month 3 About once a month 4 Less than once a month	 ² ☐ Somewhat likely ³ ☐ Neither likely nor unlikely ⁴ ☐ Somewhat unlikely ⁵ ☐ Very unlikely ⁶ ☐ Prefer not to answer
you have sex with a male? By sex, we mean a penis was inserted in your vagina. 1 About once a week or more 2 A few times a month 3 About once a month 4 Less than once a month 5 I did not have sex with a male in the past	2 ☐ Somewhat likely 3 ☐ Neither likely nor unlikely 4 ☐ Somewhat unlikely 5 ☐ Very unlikely 6 ☐ Prefer not to answer How do you feel about having a child now or sometime in the future?
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SECTION H. PAST PREGNANCIES

We would like to ask you about your current thoughts and feelings about the idea of becoming pregnant in the next three months or having a baby in the next year. We know that women have very different thoughts and feelings about pregnancy, and having a baby, that can change over time. Please remember that there are no right or wrong answers. For each question, choose one answer that seems right at this point in your life

	see	ms	right at this point in your life											
8		The following statements relate to your thoughts and feelings about the idea of becoming PREGNANT in the next 3 months. Even if you do not think you can become pregnant for partner or physical reasons, please imagine how you would feel about becoming pregnant.												
				Stongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer not to answer					
		a.	I wouldn't mind it if I became pregnant in the next 3 months.	1	2	3	4	5	6					
		b.	It would be a good thing for me if I became pregnant in the next 3 months.	1	2	3	4	5	6					
		C.	Thinking about becoming pregnant in the next 3 months makes me feel unhappy.	1	2	3	4	5	6					
		d.	Thinking about becoming pregnant in the next 3 months makes me feel excited.	1	2	3	4	5	6					
		e.	Becoming pregnant in the next 3 months would bring me closer to my main partner. (By main partner, we mean the romantic partner that is the most serious to you. If you don't have a romantic partner, please think about the person with whom you were last sexual.)	1	2	3	4	5	6					
8			e following statements relate to your thoughts and feelings about the in do not think you can have a baby for partner or physical reasons, ploy.											
		a.	I want to have a baby within the next year.	Stongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer not to answer					
		b.	If I had a baby in the next year, it would be bad for my life.	1	2	3	4	5	6					
		C.	It would be a positive addition to my life to have a baby in the next year.	1	2	3	4	5	6					
		d.	It would be the end of the world for me to have a baby in the next year.	1	2	3	4	5	6					
		e.	Thinking about having a baby within the next year makes me smile.	1	2	3	4	5	6					
		f.	Thinking about having a baby within the next year makes me feel stressed out.	1	2	3	4	5	6					
		g.	I would feel a loss of freedom if I had a baby in the next year.	1	2	3	4	5	6					
		h.	If I had a baby in the next year, it would be hard for me to manage raising	1	2	3	4	5	6					

the child.

I would worry that having a baby in the next year would make it harder

for me to achieve other things in my life.

1

2

3

4

5

6

87	Have you given birth in the past 12 months?	92 Have you ever been diagnosed as infertile?
	¹ ☐ Yes	¹□Yes
	² □ No → Skip to Question 90	²□ No
	³ ☐ Prefer not to answer → Skip to Question 90	³☐ Prefer not to answer
88	Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant?	SECTION I. PUBLIC POLICY
	¹ ☐ I wanted to be pregnant later	
	² ☐ I wanted to be pregnant sooner	We have a few final questions related to abortion. Please
	³ ☐ I wanted to be pregnant then	consider your own thoughts, opinions, and experiences when responding.
	⁴ ☐ I didn't want to be pregnant then or at any time in the future	
	5 ☐ I wasn't sure what I wanted	A woman should not fear being arrested or going to jail for having an abortion (terminating a pregnancy).
	⁶ □ Prefer not to answer	
		¹□ Strongly Agree
89	How did you feel when you found out you were	2 ☐ Agree
	pregnant with your new baby? Were you	 ³ ☐ Neither agree nor disagree ⁴ ☐ Disagree
	¹ ☐ Very happy to be pregnant	5 ☐ Strongly disagree
	² ☐ Happy to be pregnant	⁶ □ Prefer not to answer
	3 ☐ Neither happy nor unhappy	
	 ⁴ ☐ Unhappy to be pregnant ⁵ ☐ Very unhappy to be pregnant 	Which comes closest to your own view on abortion?
	6 □ Prefer not to answer	¹ ☐ Having an abortion is acceptable
		² ☐ I am against abortion for myself, but I don't believe
90	In your lifetime, how many babies did you have that	government should prevent a woman from making the decision for herself.
	were born alive?	³ ☐ Having an abortion is wrong.
	Number of babies	⁴ ☐ Prefer not to answer
	¹ Prefer not to answer	
		95 Do you identify as?
91	Some people are unable to get pregnant, even if they	¹ ☐ Pro-Choice
	want to. How likely do you think it is that you are infertile or would have difficulty getting pregnant?	² □ Pro-Life
	¹ □ Not at all likely to be infertile	□
	² Somewhat likely	5 □ Prefer not to answer
	³ ☐ Likely	
	⁴ ☐ Very likely to be infertile	96 Do you think abortion should be:
	5 □ Don't know	¹ Legal in all cases
	⁶ ☐ Prefer not to answer	² Legal in most cases
		³ ☐ Illegal in most cases
		⁴ ☐ Illegal in all cases
		5 ☐ Don't Know
		⁶ ☐ Prefer not to answer

Thank You

Thank you very much for participating in this survey. The information you provided will be used to help improve women's health in your state.

Other interested participants				
Are there any other women between 18-44 in your household who we could contact to participate in this study? 1 ☐ Yes 2 ☐ No				
If yes, please provide their contact information below.				
First woman name: Email:				
Second woman name: Email:				
☐ I do not wish to provide their contact information				
Incentive				
If you were eligible and completed this survey, we will be sending you a \$10 Amazon, Target, or Walmart gift code. Which gift code would you prefer? <i>Please check only one</i> .				
□ Amazon □ Target □ Walmart				
Would you like us to email or mail the above gift code number to you?				
□ Mail Only □ Email Only				
If you selected for us to mail the gift code to you, please provide an updated address if the one we mailed to is incorrect.				
Address 1:				
Address 2:				
City: State: Zip				
Email:				

MAILING INSTRUCTIONS

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

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

If you would like more information about the study, please call 1-877-396-4064 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.							

INSTRUCCIONES PARA EL ENVÍO

Por favor coloque el cuestionario completado en el sobre que tiene el timbre postal pagado. Si el sobre se extravió, por favor envíe el cuestionario a:

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

Si usted tiene alguna pregunta sobre esta encuesta o le gustaría compartir cualquier otra información acerca de sus experiencias usando anticonceptivos, por favor escriba en el cuadro de abajo.
womenshealth@norc.org. Si usted tiene preguntas sobre sus derechos como participante de la encuesta, puede llamar al Administrador de la Junta de Revisión Institucional de NORC (llamada gratuita) al 1-866-309-0542.
Si desea obtener más información sobre el estudio, por favor llame al 1-877-396-4064 o envíe un correo electrónico a

Gracias

Gracias por su participación en esta encuesta. La información que usted ha proporcionado será utilizada para mejorar la salud de las mujeres en su estado.

Correo electrónico:
Ciudad: Estado: Código postal
Dirección 2:
Dirección 1:
Si eligió que le mandemos un código de regalo a usted, por favor proporcione un correo actualizado si el correo al que le mandamos este cuestionario es incorrecto.
Sólo por correo electrónico ☐ Sólo por correo
¿Desea usted que le enviemos el código de regalo por correo electrónico o por correo postal?
□ Amazon □ Target □ Walmart
Si era elegible y completó esta encuesta, le enviaremos un código de regalo de Amazon, Target o Walmart de \$10. ¿Qué código de regalo que usted prefiere? Por favor marque solo uno.
Incentivo
□ No quiero proporcionar sus datos de contactor
Correo electrónico de la segunda mujer:
Nombre de la segunda mujer:
Correo electrónico de la primera mujer:
Nombre de la primera mujer:
. Nos podría dar el/los nombre(s) y correo(s) electrónico(s) de esta(s) mujer(es) en su hogar?
ON □ Z !S □ L
Hay alguna(s) mujer(es) entre 18 y 44 años en su hogar a quien(es) podríamos contactar para participar en este studio?
Otros participantes interesados

Piensa Ud. que el aborto debe ser: Legal en todos los casos Legal en la mayoría de los casos Legal en la mayoría de los casos Legal en todos los ca	2 ☐ De acuerdo 3 ☐ Vi de acuerdo ni en desacuerdo 4 ☐ En desacuerdo 5 ☐ Totalmente en desacuerdo 6 ☐ Prefiero no contestar **Cuál de las siguientes se acerca más a su punto de vista sobre el aborto intencional (aborto inducido)? **Tener un aborto intencional (aborto inducido) es aceptable 1 ☐ Tener un aborto intencional (aborto intencional (aborto inducido)) **Desacro de la seconta de tener un aborto intencional (aborto inducido) yo misma, pero no creo que el gobierno deba inducido) yo misma, pero no creo que el gobierno deba inducido) yo misma, pero no creo que el gobierno deba inducido) está mal inpedir que una mujer tome esa decisión por sí misma **A ☐ Prefiero no contestar **A ☐ Prefiero no contestar
5☐ Prefiero no contestar	¹ ☐ Totalmente de acuerdo
² ☐ Pro-Vida ³ ☐ Winguno de los dos ⁴ ☐ Ambos	Winguna mujer debe temer ser detenida o ir a la cárcel por haber obtenido un aborto intencional/inducido.
Se identifica usted como? □ Pro-elección (Pro-Choice)	Por favor considere sus propios pensamientos, opiniones y experiencias al responder.
IÓN I. PÚBLICA	
THÝ	Prefiero no contestar
	90 En toda su vida, ¿cuántos bebés tuvo que nacieron vivos?
	⁵ ☐ Muy descontenta de estar embarazada 6 ☐ Prefiero no contestar
	4 ☐ Descontenta de estar embarazada
³☐ Prefiero no contestar	² ☐ Feliz de estar embarazada ³ ☐ Wi feliz ni descontenta
0N □ z !S □ ι	¹ ☐ Muy feliz de estar embarazada
(o estéril)?	89 Scómo se sintió cuando supo que estaba embarazada de su nuevo bebé? ¿Estaba usted
Selguna vez ha sido diagnosticada como infértil	
Prefiero no contestar	e ☐ Prefiero no contestar
5 Nosé	5 ☐ Yo no estaba segura de lo que
² ☐ Muy probable que sea infértil	⁴ ☐ Yo no hubiera querido quedar embarazada ni en ese momento ni nunca
³ ☐ Algo probable	³☐ Yo hubiera querido quedar embarazada en ese momento
²☐ Probable	²☐ Yo hubiera querido quedar embarazada más pronto
lihêrtil Gue sea jinfértil □ No es probable que sea	¹ ☐ Yo hubiera querido quedar embarazada más tarde (o después)
embarazada?	מרמיות בעונית מדמיות ו
Angunas personas no pueden quedar embarazadas, aunque así lo deseen. ¿Qué tan probable es que usted sea infértil o tenga dificultades para quedar	embarazada de su nuevo bebé, Scómo se sentió al quedar embarazada?

SECCIÓN H. SECAS ANTERIORES

Las siguientes preguntas tienen que ver con lo que piensa y siente de la posibilidad de quedar embarazada durante los próximos tres meses o tener un bebé en el próximo año. Sabemos que las mujeres tienen diversos pensamientos y sentimientos acerca del embarazo y que éstos pueden cambiar con el tiempo. Por favor, recuérdese que no hay respuestas correctas ni incorrectas. Para cada pregunta, escola la respuesta que más corresponda a lo que piensa y siente en este momento de su vida.

						81 snigeq al ne 00 estrugent a la seyeV 🔶 ON 🗀 S				
						∫S □ ι				
						Sesem 1' somitlù sol ne (zul a obab o) otraq nu obinet aH.				
<u></u> 9	<u></u> 9	□Þ	□ε [⊒z	¹¹	i. Me preocuparía que tener un bebé en el próximo año podría se más difícil para lograr otras cosas en la vida.				
<u></u> 9	□g	\Box_{t}	□ ε [□z		h. Si tuviera un bebé en el próximo año, sería difícil arreglármelas para criarlo.				
<u></u> 9	□g	□Þ	□ε [⊒z		g. Perdería algo de mi libertad si tuviera un bebé el próximo año.				
<u></u> 9	□g	□v	□ε [Z		 Al pensar en tener un bebé el próximo año me hace sentir estresada. 				
<u></u> 9	<u></u> 9	□Þ	□ε	z		e. Al pensar en tener un bebé el próximo año me hace sonreír.				
9	2	\Box $ tr$	□ε [Z	□ı	d. Sería el fin del mundo para mí tener un bebé el próximo año.				
<u></u> 9	□g	$\Box v$	□ε [J z	□¹ im	vida. c. Tener un bebé en el próximo año sería un cambio positivo para vida.				
<u></u> 9	2	\Box \forall	□ε [Z	□ι	b. Tener un bebé en el próximo año sería algo muy malo para mi				
			erdo desacuero			a. Quiero tener un bebé en el próximo año.				
on orefiero	Totalmente na	u3	Ni de acuerdo ni en	ətr	ıəmlstoT					
			1.4			sentiría con respecto a tener un bebé.				
						Las siguientes afirmaciones se relacionan con los pensamient próximo año. Incluso si no cree que pueda tener un bebé por r				
	7									
						quien tuvo relaciones sexuales.)				
						a la pareja romántica que le sea más seria. Si no tiene una pareja romántica, por favor piense en la última persona con				
П.	По	П.	\Box_{\bullet}	П-	□ı	e. Quedar embarazada me haria sentir más unida a mi pareja principal. (Las preguntas sobre su pareja principal se refieren				
<u></u> 9	g	∐ŧ	Ξε	Z	□ I	próximos 3 meses me hace sentir emocionada.				
9	2	□ŧ	Ξε	Z		d. Al pensar en la posibilidad de quedar embarazada en los				
<u></u> 9	g	D♭	□ε	Z	□ι	próximos 3 meses. c. Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir infeliz.				
<u></u> 9	g	□ŧ	$\Box \varepsilon$	Z	□ι	meses. b. Para mí, sería algo bueno quedar embarazada en los				
9	□g	□♭	3	□z	□l	a. No me desagradaría quedar embarazada en los próximos 3				
Prefiero no contestar	Totalmente en desacuerdo	. u∃ .	Mi de acuerdo ni en desacuerdo	De acuerdo	Totalmente de acuerdo					
IVOF	en los próximos 3 meses. Incluso si no cree que pueda quedar embarazada por razones fisicas o de pareja, por favor imagine cómo se sentiría con respecto a quedar embarazada.									
Las siguientes afirmaciones se relacionan con los pensamientos y sentimientos sobre la idea de quedar EMBARAZADA										

3 ☐ Prefiero no contestar → Vaya a la Pregunta 90 en la pagina 18

	7 ☐ Prefiero no contestar
	9S ON □9
	5
	⁴ ☐ Menos de la mitad de las veces
	3 \Box Más o menos la mitad de las veces
	seces □ Más de la batim al ab sáM □ s
Prefiero no contestar	↑ ☐ Cada vez que tuve relaciones sexuales
D Marcio rento ano, pero no se calando	conducir al embarazo?
5 \square Quiero tener uno, pero no sé cuando 6 \square Quiero tener uno, pero no sé cuando	pene-vaginal o relaciones sexuales que pueden
sons c	uso Ud. un método anticonceptivo cuando tuvo sexo
⁴ ☐ Quiero tener uno en más de dos años pero en menos de	Pensando en los últimos 3 meses, ¿con qué frecuencia
soñs	⁶ ☐ Prefiero no contestar
S eb sonem ne oreg oñs nu eb sêm ne onu renet oreitero \square $^{\epsilon}$	últimos 3 meses → Vaya a la Pregunta 81
de ahora	relaciones sexuales que pueden llevar al embarazo en los
2 ☐ Yo quisiera tener un hijo en menos de 12 meses a partir	δ No tuve relaciones sexuales entre el pene y la vagina o
onu tener daniero tener uno	səw la yez əl mes vez əl mes
SQué opina sobre tener un hijo ahora o en el futuro?	
	² ☐ Unas pocas veces al mes
Prefiero no contestar	sèm o semana vez por semana o más □ ¹
e ∏ Muy improbable	sexo, nos referimos a un pene insertado en la vagina.
	tuvo usted relaciones sexuales con un hombre? Por
3 ☐ Ni probable ni improbable	Pensando en los últimos 3 meses, ¿con qué frecuencia
l Muy probable βlgo probable □²	
eldedaga yuliki 🗀 t	18 ☐ Prefiero no contestar
método en los próximos 3 meses.	
meses es? Si actualmente no está usando un método, díganos qué tan probable es que comience a usar un	∩ Otro (especifique):
y usar otro método anticonceptivo en los próximos 3	u otra operación)
Diría que cambiar su actual método anticonceptivo	16 ☐ Yo o mi pareja somos quirúrgicamente estériles (nos hemos sometido a una esterilización tubárica, vasectomía
pregunta 87 en la pagina 18.	15 ☐ No estoy segura
Si se ha sometido a ligadura de trompas o Essure, vaya a la	due estoy usando anticonceptivos
	14 Me preocupa que las personas de mi comunidad sepan
8 ☐ Prefiero no contestar	Mi pareja no quiere usar este método anticonceptivo $\square^{\sharp \uparrow}$
ofulosds na et an shortante en absoluto	12 🗆 Estoy tratando de quedar embarazada
sionstroqmi nis oglA □ 4	obi əd na cita programada, pero aún no he ido
³ ☐ Irrelevante	10 Mi proveedor de cuidado de salud me sugirió que usara otra cosa
ophariante □ S □ Algo importante	mèdico ™ Mi proveedor de cuidado de salud me sugirió que usara
¹ ☐ Muy importante	9 ☐ No confío en dar mi información personal al personal
embarazada ahora?	nesr un método anticonceptivo
SQué tan importante es para usted EVITAR quedar	
	7 ☐ El método que deseo no está disponible en el consultorio de mi médico, clínica o farmacia.
Prefiero no contestar	quiero.
□ On pece medicione	6 ☐ No sé dónde puedo obtener el método anticonceptivo que
□ Na Satisfication in Satisfication	puedo tomarme tiempo libre del trabajo)
S ☐ Algo satisfecha Insatisfecho S ☐ Ni satisfecho ni insatisfecho	⁵ ☐ Es muy difficil llegar (sin transporte o cuidado de niños, no
¹ ☐ Muy satisfecha	d ☐ Los copagos / deducibles del seguro son demasiado altos
adoatata wild []	3 ☐ Mi seguro de salud no lo cubre
nescriba due tan satisfecha esta con el metodo que usa más frecuentemente.	□ No tengo seguro de salud
ningún método. Si utiliza más de un método por favor describa que tan satisfecha está con el método que usa	ohedo pagarlo ∏ Γ
diganos cuán satisfecho está con el hecho de no usar	dne desea usar?
St & Qué tan satisfecha está usted con su (o sus) método(s) anticonceptivo(s)? Si no usó ningún método,	 Cuál es la razón principal por la que usted actualmente no está usando el método anticonceptivo

	4 ☐ Prefiero no contestar
	ès oN □ε
	oN □ ²
	JS □ L
18 ☐ Prefiero no contestar	vez que tuvo relaciones sexuales con un hombre?
or bright to the Solinia of the Sol	Si respondió que sí, ¿usó usted este método la última
obojam mingún método ← Asya a la Pregunta 79 en la pagina 16	3 ☐ Prefiero no contestar
77 77 77 77 77 77 77 77 77 77 77 77 77	N □ z
:obotèm sidO □ 81	L¹ □ Sí, por favor describa:
píldora del día después, Plan B® o ella®)	
promocepción de emergencia (también conocida como la □ ↑↑	obotem ortO
temperatura corporal basal, métodos naturales de planificación familiar)	
ejemplo, método de calendario / ritmo, CycleBeads®,	4 ☐ Prefiero no contestar
Métodos basados en la conciencia de fertilidad (por \square	9s oV □€
12 🗆 DIU (Mirena@, Paragard@, Skyla@, Liletta@, o Kyleena@)	oN □s
noplante (Implanon® o Mexplanon®) □ ™	!S □ ι
sonines femeninos □ 01	Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?
Ilamado "inyección")	· ·
□ hyterciones anticonceptivas (Depo-Provera®, también	Prefiero no contestar
T Parche anticonceptivo (en la piel) □ Parche anticonceptivo (en la piel) □ Parche antilo vaginal (MuvaRing® o otro)	oN □ z
6 ☐ Condones masculinos	-,□ 2!
5 ☐ Pastillas anticonceptivas	pareja sexual)
4 ☐ Retirada ("sacarlo")	sl el esteración masculina (esterilización o vasectomía de la
esterilización masculina)	
3 \square Vasectomía de pareja (también conocida como	t ☐ Prefiero no contestar
le impide quedar embarazada)	oN □ ²
Pregunta 79 en la pagina 16	
TEstoy usando el método que quiero usar — Vaya a la	vez que tuvo relaciones sexuales con un hombre?
·	■ Si respondió que sí, ¿usó usted este método la última
que quisiera, ¿qué método(s) usaria? Por favor marque todos los que apliquen.	3 ☐ Prefiero no contestar
Si usted pudiera usar cualquier método anticonceptivo	(n o _{N □ z}
	!s □, ┛
Prefiero no contestar	dia después, también conocida como "Plan B"® o Ella®)
5 ☐ Totalmente fuera de su control	La pildora anticonceptiva de emergencia (la pildora del
hlgo fuera de su control balgo fuera de su control balgo fuera de su control	
S ☐ Ni bajo su control ni fuera de su control	4 ☐ Prefiero no contestar
, control Algo bajo su control	ès oM □ ^ε
lortnon us ojsd etamente bajo su control □ l	oN □ ²
método anticonceptivo actual estuvo:	JS□ı
us ab osu la aup batsu sirib sasam & somitlù sol na	Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?
	· ·
Prefiero no contestar	Prefiero no contestar
5 ☐ Completamente dudosa	ON □ z
esobub oglA — *	ل ، □ \$!
S ☐ Ni segura ni dudosa	pasal del cuerpo).
¹ ☐ Completamente segura	Los métodos de planificación familiar natural (también llamado calendario / método del ritmo, temperatura
	,,,, ,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,
estado utilizando sus métodos anticonceptivos correctamente durante los últimos 3 meses?	nənbilde əup
Sugar segura está de que usted γ / ο su pareja han sovitaeagositas achotèm aus charstilitu obstae	¿Qué tipo(s) de método(s) anticonceptivo está usted utilizando actualmente? Por favor marque todos los

¿Qué tipo(s) de método(s) anticonceptivo está usted utilizando actualmente? Por favor marque todos los

_		
_		
ısisəfnoo on orəfierd □ 4		
9s oV □ [€]		
oN □ [≤]		
!S □ ι		
vez que tuvo relaciones sexuales con un hombre?		
mitima lobotèm este beteu òsus, ¿us que site método la última		
3 ☐ Prefiero no contestar		
oN □ ²		
!S □ ι 		
anticonceptiva, capuchón cervical, condón femenino)		
Métodos de barrera (Diafragma, esponja	,	
4 Prefiero no contestar		
9s oN □ ^ε		
oN □²		
!S □ ι		
vez que tuvo relaciones sexuales con un hombre?	Prefiero no contestar	
Si respondió que sí, ¿usó usted este método la última	_	
³□ Prefiero no contestar	Mucha — Mucha	
	S Bastante □ S	
N □ z	oglA \Box	
!\$ □ ι —	0009 □ ¹	
Condones masculinos o preservativos	DIU, ¿cuánta presión sintió?	
	sintió la presión de un proveedor médico para usar un	
Prefiero no contestar	eup sev smittin en la última vez que	٦.
Mucha ☐ [↑]	Prefiero no contestar □ 5	
Bastante ☐.	ON □ s	
oglA □ਁ	!S □ ι -	
oɔo9 ☐ [「]	Sabsoluto?	
	hubiera preferido usar otro método o ningún método en	
sintió la presión de un proveedor médico para usar un implante ¿cuánta presión sintió?	→Si respondió que no, .Alguna vez ha sentido la presión de un proveedor médico para usar un DIU cuando	
Si respondió que sí, Pensando en la última vez que	,	
3 ☐ Prefiero no contestar	Prefiero no contestar	
	5 ☐ Mucha	
0N	Pastante □ ⁴	
!S □ ₁ 一	oglA □ ^ε	
hubiera preferido usar otro método o ningún método en absoluto?	2 ☐ Росо	
de un proveedor médico para usar un implante cuando	snugniN □ ¹	
Tespondió que no, ¿Alguna vez ha sentido la presión	un proveedor médico para que le insertaran el DIU?	
e☐ Prefiero no contestar	Si respondió que sí, ¿Cuánta presión sintió por parte de	
e∏ Mucha	Prefiero no contestar □ 8	
plastante plastante	₂ ☐ Kyleena®	
oglA □ ^ε	[®] Eilefta® □ ^ -	
	3 ☐ Skyla®	
2 Poca	² ☐ Paragard® ? ☐ Paragard	
sonungini in	Mirena® 	
Si respondió que sí, ¿Cuánta presión sintió de un proveedor médico para que le insertaran el implante?	→Si respondió que sí , ¿qué DIU usa actualmente? ↑ □ Mirena®	
`	`	
³□ Prefiero no contestar	Prefiero no contestar	- 11
oN □ z →		_ z
JS □ ı 	!\$[□₁—
Implante (Implanon® o Nexplanon®)	IU (Mirena®, Paragard®, Skyla®, Liletta®, o Kyleena®)	a •
.5		

método anticonceptivo? Por favor marque todos los que

.Cuáles son las razones por las que no sel nos seláu.

SI incluso si está tomando pastillas anticonceptivas por una

Píldoras (o pastillas) anticonceptivas. Por favor marque

ઘ

m. El método tiene un beneficio para la salud m. El método protege contra las infecciones de transmisión sexual n. El método no cambia mis períodos menstruales n. El método es muy eficaz para prevenir el embarazo o. El método es muy eficaz para prevenir el embarazo o. El método es muy eficaz para prevenir el embarazo o. El método es muy eficaz para prevenir el embarazo p. Soy responsable de usar el método y no mi pareja sexual q. Tengo control sobre cuándo y si usar el método q. Tengo control sobre cuándo y si usar el método q. Tengo control sobre cuándo y si usar el método d. Tengo control sobre cuándo y si usar el método d. Tengo control sobre cuándo y si usar el método d. Tengo control sobre cuándo y si usar el método d. Tengo control sobre cuándo y si usar el método d. Tengo control sobre cuándo y si usar el método d. Tengo control sobre cuándo y si usar el método d. Tengo control sobre cuándo y si usar el método d. Tengo control sobre cuándo y si usar el método d. Tengo control sobre cuándo y si usar el método d. Tengo control sobre cuándo y si usar el método d. Tengo control sobre cuándo y si usar el método d. Tengo control sobre cuándo y si usar el método d. Tengo control sobre cuándo y si usar el método d. Tengo control sobre cuándo y si usar el método d. Tengo control sobre cuándo y si usar el método d. Tengo control sobre cuándo y si usar el método esterente, vaya a la preguna 45. Si se ha sometido a una operación (como una prede prevente a sesterilización (como una prede método una peque a catualmente?) 1 Sí No 2 DAO 2 No 3 Prefero no contestar 1 Sí, "ligadura de trompas" o "Essure" 2 DAO 3 Prefero no contestar 1 Sí, "ligadura de trompas" o "Essure" 2 DAO 3 Prefero no contestar 4 Sí, "la histerectomia u otra operación, (como una prede prede metar embarazada 3 Prefero no contestar 4 Sí, "la histerectomia u otra operación, por lo que no puede 3 DAO 4 Sí, la histerectomia u otra operación, por lo que no puede 4 Sí, "la histerectomia u otra operación (como una
El método tiene un beneficio para la salud
El método tiene un beneficio para la salud 1 2 3 4 5 5 3 4 5 5 3 4 5 5 5 3 4 5 5 5 5 5 5 5 5 5
momento b. Puedo quedar embarazada inmediatamente después de dejar de c. El método es asequible d. El método es fácil de usar e. No tengo que acordarme de usar el método cada vez que tengo f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método sólo cuando voy a tener relaciones sexuales f. Utilizo el método solo es fácil de solo es a solo so
Nada en Prefiero no Prefiero no Extremadamente Algo absoluto No sé confestar a. Puedo dejar de usar el método anticonceptivo en cualquier ¹ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

The confidence of the control of the	s 1 .b 2 3
Prefiero Ne respetò como persona Ne respeto	l .d
favor califique al proveedor de atención médica que usted vio más recientemente para el control de la natalidad con ecto a las siguientes cualidades.	
או פפרמ מנפוזכוטוז ווזפטונמ: .	ou ey !S N □ z IS □ L
ne usted una o más personas o lugares que usted significative de un doctor u otra persona que significative su médico o proveedor de atención médica?	
redintos de los últimos 12 meses estuvo usted seguro de salud? 3	∠ □ † † □ ε ↓ □ z W □ ↓
eflero no contestar ¹ □ En el último año (hace menos de ¹2 meses) □□ En los últimos 2 años (hace más de ¹ año, pero menos de	ld □ε N □z
rutina es un examen fisico general, que no se realiza	səш

·4	Actualmente no tengo ningún seguro de salud o plan de cobe	ertura de salud	□z □ι	□ε	□Þ
·6	Cualquier Otro tipo de seguro de salud o plan de cobertura o	e saluu. Especiiique.			
.†		Pules of			□ † □.
-	TRICARE u otro cuidado de la salud militar, incluyendo el cu	WA ION NNIPS PI ON ONPNI			□t
O	conocer este tipo de cobertura como Diamond State Health.		□z □ı	□ ε	□ŧ
	patrocinada por el estado o gobierno basado en ingresos o o	discapacidades. Usted puede			
·n	médico para niños (CHIP, por sus cifras en inglés) o cualquie				
.b	Medicare, para las personas mayores de 65 años o persona Medicaid, Asistencia Médica (MA, por sus cifras en inglés), F				□ †
J		bebisegeseib entible gos s	□z □ι	□ ε	□Þ
	de la familia). Esto incluiría cobertura adquirida a través de ta tales como Healthcare.gov.	in intercambio o mercado,			
.d	Seguro comprado directamente de una compañía de seguro		□z □ι	□ε	\Box \forall
·n	de la familia). Esto incluiría la cobertura de COBRA.	ordinality one process red) i			
Е	Seguro por medio del empleador o sindicato actual o anterio	r (nor usted u otro miembro	□z □ı •N JS		contestar
			· (4)	90 014	Prefiero no
72	caucandie car an nighthing rad magana augumnan me	i como un canco en codo			5g
∃? (stá actualmente cubierta por cualquiera de los siguientes	Sogibèm oyupes eb sogit			
s el n∃	iguiente sección, nos gustaría saber más sobre su salud repr	oductīva.			
	SECCION F. SALUI	AVITOUUUNTAN U			
	SECCIÓN F. SALUI	AVITOLICTIVA			
	Imagilios ou cipilo.				
	Preflero no contestar				
	SOcupada sin pago de renta? No sé				
	. Rentada?				
	gravamen (sin una hipoteca o préstamo)?				
	Propiedad suya o de alguien en este hogar libre de todo				
	hipoteca o préstamo? Incluya préstamos con garantia hipotecaria.				
	Propiedad suya o de alguien en este hogar con una Propiedad suya o de alguien en este hogar con grantis	³ ☐ Prefiero no contestar			
EO	sa, departamento, o casa móbil en la que vive es	oN □ ²			
bre	eguntarle sobre su situación de vivienda actual. La	!S □ ı			
_B q	ra el siguiente grupo de preguntas, me gustaria	actual por más de 2 mes			
Ωг	Prefiero no contestar	p o obneiviv obstee sH.	nə əsopuşpən	isu direcci	uò
□ı	ès oV	5 ☐ Prefiero no contestar			
	Horas por semana	sobinU sobsts3			
		ses enu na sivía en una cas			
	rante los ÚLTIMOS 12 MESES, Scuántas horas bajó cada SEMANA en general?	seo enu na eiviv ov, yo l □ ⁸			
'U	genod setnémo: 2323M St 20MIT II i sol otnes	2 ☐ No, yo vivia en otra cas		vsləQ nə otr	vare
	Prefiero no contestar	Si ← Vaya a la Preg			
□ı	9s oN	ds o assa casa o ap	artamento hac	ce 1 año?	
\$		refiero no contestar			
] -		ès oN □¹			
en Əid		soñin eb oremù/			
	i últimos 12 meses? Por favor reporte la cantidad que led gana antes de impuestos. Su mejor estimación está				
	uál fue la cantidad total de ingresos que recibió en	su hogar?			
		enonem soñin sofnàuO.	b soñs 81 ab a	viv babe eb	uə uə
	No — Vaya a la Pregunta 42 Preflero no contestar — Vaya a la Pregunta 41	² ☐ Prefiero no contestar			
□ l		ès oV □¹			
		Número de person	ser		
	yreso de sueldos, salarios, comisiones, bonos o opinas?				
im	sma. Durante los últimos 12 MESES, ¿recibió algún	quedan en esta direcció			
		3 Incluyéndose a Ud., ¿cu	antas personas	as viven o	əş

	³☐ Prefiero no contestar	
	0N	
	!S □ ι	
	universitaria.	
15 ☐ Prefiero no contestar	o a un título profesional más alto que una licenciatura	
9s oN □ ⁴t	un diploma de escuela secundaria o un título universitario,	
13 ☐ \$150,000 dólares o más	universidad? Incluya sólo instituciones que conducen a	
12 ☐ Entre \$100,000 y menos de \$150,000 dólares	3 MESEŠ, ¿ha estudiado usted en una escuela o	
	En cualquier momento DURANTE LOS ÚLTIMOS	32
The Entire \$75,000 y menos de \$100,000 dólares		
10 ☐ Entre \$60,000 y menos de \$75,000 dólares	Prefiero no contestar □ 8	
⁹ Εntre \$50,000 γ menos de \$60,000 dólares	9s oN □ s	
8 ☐ Entre \$40,000 y menos de \$50,000 dólares	4 ☐ Otra cosa	
√ ☐ Entre \$35,000 y menos de \$40,000 dólares		
6 ☐ Entre \$30,000 y menos de \$35,000 dólares	Bisexual 3	
⁵ ☐ Entre \$25,000 y menos de \$30,000 dólares	² ☐ Heterosexual, es decir, no gay o lesbiana	
	resbiana o Gay	
4 ☐ Entre \$20,000 y menos de \$25,000 dólares	I MUIOUU IO ON UIOIOUUION	
$^3\square$ Entre \$15,000 y menos de \$20,000 dólares	definición de sí misma?	4
² ☐ Entre \$10,000 y menos de \$15,000 dólares	us rojem edince describe mejor su	34
¹ ☐ Menos de \$10,000 dólares		
los ingresos anuales su hogar fueron:	s∏ Prefiero no contestar	
Y si Usted tuviera algunas categorías? Diría usted que	oN □z	
`	JS □ L	
- S □ Prefiero no contestar	,0 🗆 (
- js oN □ ' ¬	romántica?	
\$	Actualmente vive Ud. con un cónyuge o pareja	33
durante el año académico.	B ☐ Prefiero no contestar	
de residencia estudiantil o un apartamento que sólo alquile	2 ☐ Nunca he estado casado	
en este momento, aún cuando se trate de una habitación	⁴ □ Separada	
es estudiante, incluya los ingresos del hogar donde vive		
de los impuestos? Su mejor estimación está bien. Sí	— ∂ Divorciada	
saproximadamente cuál fue su ingreso colectivo, antes	ebuiV □ ^s	
ingreso familiar de todas las fuentes en el 2020,	Casada □ ¹	
En estudios como este, la gente es agrupada según los ingresos de toda la familia. Pensando en su	Scuál es su estado civil actual?	70
aines chequines so otage of otse emes scibutes all	Steutae livia obstag ua ag lèu à:	32
<u>_</u>		
Prefiero no contestar	Prefiero no contestar	
mesees.		
S↑ somitlù sol ne secuela en los últimos 12		
4 ☐ Me fui por alguna otra razón	otro, por favor especifique: □ 0	
responsabilidades de cuidado	5 🗆 Nativa de Hawái o de las Islas del Pacífico	
$^3\Box$ Tuve que asumir responsabilidades de crianza u otras	⁴ 🗆 India Americana o nativa de Alaska	
² ☐ Quedé embarazada	snericas o Asiática Americana	
1 ☐ COVID-19 (Coronavirus)		
(. Or or direct in		
neupilde.	neoira o Afro-Americana □ l	
una escuela porque? Por favor marque todos los que	raza?	
o oścata no się w się no się no	Scuál de las siguientes opciones describe mejor su	31
	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Y
Prefiero no contestar		
8 🗌 No puede trabajar	Frefiero no contestar	
sbsliduL □ 7	oN □ s	
6 ☐ La persona que se ocupa de las tareas de la casa	!S □ ι	
—	Houndes o follum folludam Hobito on nesen a=2	00
5 ☐ Ha estado desempleada por menos de 1 año	SEs usted de origen hispano, latino, o español?	30
4 ☐ Ha estado desempleada por 1 año o más		
³ ☐ Estudiante	satiero no contestar □£	
2 Trabajadora independiente (autoempleada)	² ☐ Fuera de los Estados Unidos	
¹ ☐ Empleada asalariada	Rico, Guam, etc.)	
	↑ En los Estados Unidos (incluyendo sus territorios: Puerto	
nonhuda anh		
SEs usted actualmente? Por favor marque todos los que apliquen.		67

Ahora nos gustaría hacer algunas preguntas con respecto a sus antecedentes. • Cuál es el grado más alto o nivel escolar que usted ha completado? • Cuál es el grado más alto o nivel escolar que usted ha completado? • Crados 1 a 8 (primaria) • Crados 1 a 8 (primaria) • Crados 9 a 11 (alguna escuela secundaria) • Crados 9 a 11 (alguna escuela secundaria) • Título de colegio, sin título • Título de licenciatura universitaria (por ejemplo: BA, AB, BS, BBA) • Título de Maestría • Título de Maestría • Título de Maestría • Título de Droctorado • Título de Doctorado	orefier9 on on is
SECCIÓN E. INFORMACIÓN DEMOGRÁFICA	Sabe cómo USTED puede conseguir cualquiera de los siguientes métodos anticonceptivos gratis o a bajo costo? (GRATIS se refiere a que usted no tiene que pagar nada de su bolsillo.)
Escriba un número entre 0-3 1 ☐ No sé 2 ☐ Prefiero no contestar	SECCIÓN D. FUENTES DE INFORMACIÓN SOBRE LA ATENCIÓN MÉDICA
En la siguiente lista de experiencias de salud, ¿cuántas de ellas ha tenido (o experimentado) usted personalmente? No es necesario decir cuáles, solo cuántas - Alguna vez ha utilizado un método anticonceptivo (así como la pildora, el DIU o implante, condones, o inyecciones anticonceptivas) - Tenido un embarazo ectópico o tubárico en el último año - Ha tenido su presión arterial medida	3 ☐ Debido a mi orientación sexual 4 ☐ Debido a mi actividad sexual o estilo de vida 5 ☐ Por mi presentación de género 6 ☐ Por alguna otra razón, por favor especifique: 7 ☐ Prefiero no contestar
Escriba un número entre 0-4 1	•Cómo fue usted tratada injustamente? Me trataron injustamente? Me trataron injustamente Por favor marque todos los que apliquen. † Debido a mi raza / origen étnico
En la siguiente lista de experiencias de salud, ¿cuántas de ellas ha tenido (o experimentado) usted personalmente? No es necesario decir cuales, solo cuantas. - Alguna vez ha utilizado o tomado un medicamento por lo cual necesitaba una receta médica - Alguna vez ha tenido una prueba de Papanicolaou - Alguna vez ha tenido una prueba de Papanicolaou - Alguna vez ha tenido una proto (terminó un embarazo a - Alguna vez ha tenido una proto (terminó un embarazo a - Diagnosticada con cáncer de mama en los últimos 10 años	
¹ □ Verdadero 2 □ Falso 3 □ Depende del tipo de método anticonceptivo. 4 □ No sé 5 □ Prefiero no contestar	¹ ☐ COVID-19 lo hizo difícil. ² ☐ Estaba fuera de mi alcance económico ³ ☐ Mo tenía seguro de salud ⁴ ☐ Mi seguro médico no cubre el método que quiero. ⁵ ☐ No pude comunicarme con un médico, una clínica o ⁵ ☐ No pude fono
Verdadero o Falso: Usted puede comenzar cualquier método anticonceptivo que desee durante una visita al consultorio de una clínica.	SPor qué se retrasó en conseguir o tuvo problemas para conseguir el método anticonceptivo que usted quería? Por favor marque todos los que apliquen.

1 ☐ Sí 2 ☐ No ← Vaya a la Pregunta 25 en la pagina 8 3 ☐ Prefiero no contestar ← Vaya a la Pregunta 25 en la pagina 8	4 □ Prefiero no contestar
En los últimos 12 meses, ¿por alguna razón, usted se ha retrasado en conseguir o ha tenido problemas para conseguir el método anticonceptivo que quería?	9s oN □ε on □z
3 ☐ Prefiero no contestar	Condones masculinos o preservativos
ON □ z !S □ ı	³☐ Prefiero no contestar
anticonceptivo pero fue demasiado caro?	oN □s
En los últimos 12 meses, ¿ha necesitado algún método	Si respondió que sí, ¿Alguna vez se sintió presionado por un proveedor médico para conservar el implante que usó por última vez o que sigue usando? 1 □ Sí
4 ☐ Prefiero no contestar	³☐ Prefiero no contestar
s oN □ sé	ès o N □²
oN □²	eselmplante: □ reavoy ese implante: □ r
¹ ☐ Sí, especifique:	exactamente, por favor dé su mejor estimación.
Cualquier otro método no mencionado previamente	Si respondió que sí, Si ya no está usando ese implante, Si cen qué mes y año se lo quitaron? Si no puede recordar
4 ☐ Prefiero no contestar	2 ☐ Prefiero no contestar
³ No sé	Mes: Año: SêM
oN □ z	
pareja sexual) □ Si	Si respondió que sí, ¿En qué mes y año le insertaron el implante por última vez. Si no puede recordarlo exactamente, por favor dé su mejor estimación
Operación masculina (esterilización o vasectomía de la	or □ Prefiero no contestar □ 01 oge y ege y ago isecutoren
p Prefiero no contestar ⊅	
s oV □ sé	9 ☐ Alguna otra cosa, por favor especifique:
ON □ z !S □ ι	√ ☐ Mi proveedor no discutió implantes conmigo. ⁸ ☐ Quiero el control sobre cuándo y si usar el método
Ella®)	el implante
La pildora anticonceptiva de emergencia (la pildora del día siguiente, también conocida como "Plan B"® o	médico médico extraer o extraer o extraer o extraer o la preocupa el procedimiento para insertar o extraer
	and owner siento cómoda pidiéndole un implante a mi
Prefiero no contestar	³ ☐ Debido a mis creencias (religiosas o no) ⁴ ☐ Para evitar efectos secundarios negativos
9s oN □ε • oN □ z	² ☐ No estoy familiarizada con este método anticonceptivo
!S □ ı	otle obsissmeb ee otsoo I∃ □ ¹
pasal del cuerpo).	Si respondió que no, Scuál es la razón principal por la que usted nunca ha usado un implante?
Los métodos de planificación familiar natural (también llamado calendario / método del ritmo, temperatura	Therefore contrestat
	9s oN □ €
4 ☐ Prefiero no contestar	ON □ z ᆜ !S □ ι —
oN □ sé	
ON □ z !S □ ι	(Implante (Implanon® o Mexplanon®)
capuchón cervical, condón femenino)	anticonceptivos, incluso si ha utilizado el método una sola vez?
Otros métodos anticonceptivos (diafragma, esponja,	sobotèm sotse eb onugla obazilitu ad betsu sev anuglA.

Alguna vez usted <u>ha utilizado</u> alguno de estos métodos anticonceptivos, incluso si ha utilizado el método una sola vez?

DIU (Mirena®, Paragard®, Skyla®, Liletta®, o Kyleena®)

	³ ☐ Prefiero no contestar
	oN □²
	JS □ ι
¿opuesn e	por última vez o que sigue
para mantener el DIU que usó	por un proveedor médico
guna vez se sintió presionada	Si respondió que sí, ¿Ald
	³ ☐ Prefiero no contestar
	ès oN □²
UIG əsə	obnasu yotsə aivaboT 🔲 t
	:oñA :səM
	estimación.
ctamente, por favor dé su mejor	
quitaron o se lo expulsaron?	o ol es ons y sem èus ne.
UIIQ əsə obassıı štaa on s	y iS, is eup óibnoqsei, Si γ
	² ☐ Prefiero no contestar
	- js oN □¹
	:oñA :səM
nación.	por favor dé su mejor estin
buede recordario exactamente,	
n qué mes y año se colocó el	•
	refiero no contestar □ 7
	ès oN □ ª
on outlynut un tod onnation int	(sons č
nal utilizado por un máximo de	
rmonas utilizado por un máximo e conoce como la "T de cohre")	
cai'yèa an sea epezilith eeacas	de 3 años)
utilizado por nn máximo	³ ☐ Skyla® (DIU hormonal
	de 5 años)
ıl utilizado por un máximo	snomon UI() ®sna™ [□s
	qe g suos)
	¹ ☐ Liletta® (DIU hormonal
uənbilde ənb so.	Por favor marque todos lo
Sobszilitu ad UIC è	ups, , ìs eup oibnoqse r is
	10 Prefiero no contestar
	⁹ ☐ Alguna otra cosa, por
s cuándo y si usar el método	
sUIG sol ogimnos òit	7 ☐ Mi proveedor no discu
	el DIU
dimiento para insertar o extraer	
pidiendole un DIU a mi médico	
	4 ☐ Para evitar efectos sed
	³ ☐ Debido a mis creencia
con este método anticonceptivo	
	obsisameb es demasiado
ni iod indiamid usees es se	cual <u>usted no usa</u> el DIU?
uál es la razón principal por la	`
	1 □ Prefiero no contestar
	ès oN □ε
	oN □ z –

SECCIÓN C. USO DE ALICONCEPTIVOS EN EL PASADO

3 ☐ No sé 4 ☐ Prefiero no contestar		
ON □ ≤		
Inyecciones anticonceptivas (Depo-Provera®, también Ilamado "la inyección")	EI	
⁴ ☐ Prefiero no contestar		
s o N ☐ 8		
ON □ z !S □ ι		
Anillo vaginal (Nuvaring u otros)	12	
↑ Prefiero no contestar		
s o N ☐ 8		
oN □ ² '		
Parche anticonceptivo (Evra® u otro)	•	
(0.44 . 1 @ - 1.1 4 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 .		
3 □ No sé 4 □ Prefiero no contestar		
oN □ s		
!S □ ι		
Píldoras (o pastillas) anticonceptivas Por favor marque Sí, incluso si está / estaba tomando pastillas anticonceptivas por razones distintas para prevenir el embarazo.	0	
tsiesto no contestar □ •		
3 ☐ No sé		
ON □ z !S □ ι		
Coito interrumpido (también llamado "terminar afuera")	6	
SAlguna vez usted <u>ha utilizado</u> alguno de estos métodos anticonceptivos, incluso si ha utilizado el método una sola vez?		
nétodos para prevenir el embarazo, incluidos condones, ildoras anticonceptivas, Depo-Provera (la inyección), DIU, nplantes y métodos sin receta como extracción o "extracción". ambién incluye métodos permanentes como esterilización ubos atados, histerectomía o vasectomía) y otros métodos que odria usar, incluso si los usa por otras razones que no sean ara evitar el embarazo.	nd ni ST 3)	
as siguientes preguntas son sobre el uso de anticonceptivos. I control de la natalidad se refiere a TODOS los diferentes		

	I. Centro de Servicio Estatal Anna ¹□ ²□ ³□ ⁴□ C. Shipley
COAID-19	Riverwalk □ Centro de Servicio Estatal Anna 1 2 3 4
mi método anticonceptivo debido al	K. Centro de Servicio Estatal Milford 1 2 3 4
la visita a mi médico o clínica para recibir atención de salud sexual o reproductiva debido al COVID-19 d. No pude obtener, o tardé en obtener, ¹□ ²□ ₃□	j. Centro de Servicio Estatal 1 2 3 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
c. Tuve que retrasar, cancelar u omitir 1□ 2□ 3□	Edward W. Pyle
en las horas de trabajo o pérdida de un empleo debido a COVID-19	i. Centro de Servicio Estatal
b. Yo experimenté — o una pareja, un dependiente o miembro cercano de la familia experimentó— una reducción	de La Universidad del Estado de Delaware h. Una clínica de salud escolar 1 □ □ □ 3 □ 4 □
haber contraído COVID-19	g. Servicios de Salud del Estudiante 1 2 2 3 4
a. Yo fui —o una pareja, un dependiente ¹□ ²□ 3□ o miembro cercano de la familia fue— diagnosticado con o sospechoso de	Delaware Families First (Centro de Bienestar Familiar/ Familias Primeras de Delaware)
Si No confestar	f. Family Wellness Center/
oıəñərq	e. Centro Médico Henrietta Johnson 1 2 3 4
.evitemnite	c. Clínica La Red de Delaware ¹□ ²□ ³□ ⁴□ d. Planned Parenthood de Delaware
¿ En el año pasado, la pandemia de COVID-19 (coronavirus) le ha afectado de alguna de las siguientes maneras? Por favor, responda Sí o No para cada evento. Es posible que haya más de una respuesta	b. Clinica de Salud de la Universidad del Estado de Delaware □ Clínica La Red Calínica La Red del Estado de Delaware
13 ☐ Prefiero no contester	a. Westside Family Healthcare A Mestside Family Healthcare A □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
¹2 ☐ Por alguna otra razón, Especifique:	отэifэтЯ
¹0 ☐ No tenía seguro por mi seguro por mi seguro 10 ☐ No estaba seguro	En los últimos 12 meses, ¿ha visitado alguno de los siguientes lugares para recibir atención médica para sí mismo/a?
9 \square No tuve tiempo para ir	3 ☐ Prefiero no contestar ← Vaya a la Pregunta 6
™ No pude conseguir una cita pronto □ No tenía transporte □ № □ No tenía transporte	2 No ← Vaya a la Pregunta 6
6 ☐ No pude llegar allí cuando estaba abierto	!S □ ι
$^4\Box$ Yo no sabía a dónde ir $^5\Box$ El lugar donde me atendieron estaba demasiado lejos.	de atención médica, incluyendo urgencias, visitas a salas de emergencias, visitas médicas de rutina y visitas a especialistas (por ejemplo, ginecólogo, dentista, oculista).
3 ☐ Estaba fuera de mi alcance económico	atención médica o de salud? Incluya todos los servicios
² ☐ El lugar al que suelo ir estaba cerrado por culpa de COVID-19.	eb ogit nigls obidises, ¿ha recibido algún tipo de
¹ ☐ Me preocupaba la exposición a COVID-19.	Prefiero no contestar
Por qué usted no recibió atención médica? Por favor marque todos los que apliquen.	4 ☐ Regular 4 ☐ Regular
3 ☐ Prefiero no contestar — Vaya a la Pregunta 8	² ☐ Buena
No → Vaya a la Pregunta 8	¹
JS□ι	Ssa Israed genes ab obstae sue aup betau general es?
En los últimos 12 meses, ¿hubo algún momento en que necesitó cuidado de salud para usted misma, por cualquier razón, pero no pudo obtenerlo?	SECCIÓN B. SALUD GENERAL
, , , , , , , , , , , , , , , , , , ,	

SECCIÓN B. SALUD GENERAL

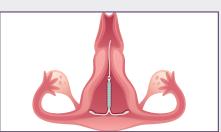
Es importante que recibamos una respuesta de todo hogar seleccionado para este estudio. preguntas en esta página y devuélvanos el folleto en el sobre adjunto. [40TS] Si nadie en su hogar es una mujer (o Transgénero) de 18 a 44 años, responda las dos 5 ☐ Prefiero no contester ⁴ ☐ No me identifico como mujer, hombre ni transgénero ³ ☐ Transgénero 2 ☐ Hombre ¹ ☐ Mujer Sonan género? 10 ☐ Prefiero no contester ès oN □6 sèm o ∂4 □8 *tt*-0*t* □ ∠ 6E-9E ₉ ₽2-08 □ 9 4 □ 52-29 3 □ 20-24 61-81 □s 81 eb soneM □1 → ¿Y si Ud. tuviera algunas categorías? ¿Es su edad... Por favor marque solo uno. 🗖 🗀 Prefiero no contestar :oñA :səM En qué mes γ año nació? SECCIÓN A. Preselección

MÉTODOS ANTICONCEPTIVOS

Los siguentes son sólo algunos de los métodos anticonceptivos que serán mencionados en la encuesta. Por favor reflérase a esta página si usted tiene alguna duda sobre algún métodoanticonceptivo.

DIU (Mirena®, Paragard®, Skyla®, Liletta®, o Kyleena®)

Un DIU (DIU es sinónimo con "dispositivo intrauterino") es un dispositivo anticonceptivo que se inserta en el útero de una mujer.



Algunos DIU como Mirena, Liletta, y Skyla contienen una pequeña cantidad de hormonas que se liberan lentamente durante muchos años (3-6 años dependiendo del DIU) e impiden que una mujer quede embarazada. El DIU Paragard está hecho de cobre, que no contiene ningún tipo de hormonas, y puede impedir que una mujer ningún tipo de hormonas, y puede impedir que una mujer quede embarazada por un máximo de 10 años.

Los métodos de planificación familiar natural (también llamado calendario / método del ritmo, temperatura basal del cuerpo).

por lo tanto se debe evitar tener relaciones sexuales. ella tiene más probabilidades de quedar embarazada y fluidos cervicales cambian y eso señala el tiempo que punto en el mes durante el cual su temperatura y los y el líquido de su cuello uterino todos los días. Hay un que las mujeres hagan un seguimiento de su temperatura de la temperatura basal del cuerpo. Este método requiere naturales de planificación familiar se basan en el método Finalmente, algunas mujeres que utilizan métodos días que son representados por los granos blancos. y ella no debe tener relaciones sexuales durante los embarazada. Cada grano representa cada dia del mes seguimiento de cuando es más probable que quede utilizar los granos de ciclo para ayudarles a hacer un de su ciclo menstrual). Las mujeres también pueden probablemente pueden quedar embarazadas a la mitad, quedar embarazada (las mujeres son más fértiles, y el tiempo que una mujer tiene más probabilidades de no tienen relaciones sexuales pene-vagina durante o el "método del ritmo", que significa que las parejas familiar natural incluyen el "Método del calendario" sin medicación. Algunos métodos de planificación parejas pueden utilizar para prevenir el embarazo comportamientos o estrategias que las mujeres y sus Los métodos de planificación familiar natural incluyen

Parche anticonceptivo (Evra® u otro)

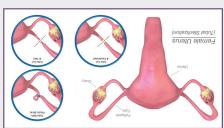


Depo-Provera® (también llamado "la inyección")



Operación femenina (esterilización, ligadura de trompas, Essure®)

Algunas mujeres se esterilizan por medio de la inserción de un pequeño dispositivo dentro de las dentro de las

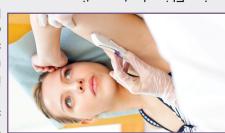


Falopio; este método se llama "Essure®".

Implant (Implanon® o Nexplanon®)

El implante anticonceptivo se llama Nexplanon (la

versión anterior se llamaba Implanon). El implante es una varilla que se inserta en el interior del brazo de una



mujer. El implante contiene una pequeña cantidad de hormonas que se liberan lentamente para evitar que una mujer quede/salga embarazada. El implante es eficaz por un máximode 3 años.

INSTRUCCIONES DE LA ENCUESTA

Por favor marque su respuesta con una "X" utilizando tinta azul o negra, como se muestra en los ejemplos que figuran a continuación.



Las preguntas que le haremos tienen que ver con sus opiniones y su entendimiento acerca de una variedad de temas importantes. Algunos temas pueden ser sensibles para usted, y usted puede negarse a contestar cualquier pregunta para indicar que 'No sabe' o que 'Prefiere no contestar'.

COMIENCE AQUÍ

MORC de la Universidad de Chicago le pide su ayuda con un estudio importante sobre la salud de las mujeres. La información que nos pueda proveer le ayudará a los investigadores comprender mejor los métodos anticonceptivos que utilizan las mujeres y sus opiniones acerca de estos métodos. También le haremos preguntas sobre sus experiencias recibiendo cuidado de salud reproductiva y otras cuestiones sobre su salud y bienestar.

Algunos temas pueden ser delicados para usted y usted puede negarse a responder a cualquier pregunta. La encuesta toma alrededor de 15-20 minutos para completar. Su participación es voluntaria y usted podrá omitir cualquiera de las preguntas. Si Ud.es elegible y completa la encuesta, le ofreceremos un código de regalo adicional de \$10 a su elección de Amazon, Target o Walmart. Si usted tiene preguntas sobre sus derechos como participante de la encuesta antes de iniciar la encuesta, puede llamar al Administrador de la Junta de Revisión Institucional de NORC (llamada grafuita) al 1-866-309-0542.

La información que usted proporcione será utilizada por el equipo de investigación de NORC únicamente para fines estadísticos. Nosotros haremos todo lo posible para proteger la confidencialidad de toda la información a terceros. Sin embargo, nadie puede garantizar la confidencialidad absoluta de los datos que se envían a través del Internet. Los datos que usted proporcione serán almacenados en las computadoras seguras de NORC con protección por contraseña y sólo el personal serán almacenados en las computadoras seguras de NORC con protección por contraseña y sólo el personal autorizado de NORC tendrá acceso a los datos.

Sus opiniones son muy importantes para nosotros, y apreciamos mucho su ayuda.

Si se encuentra con dificultades durante la encuesta, por favor llámenos por línea gratuita al

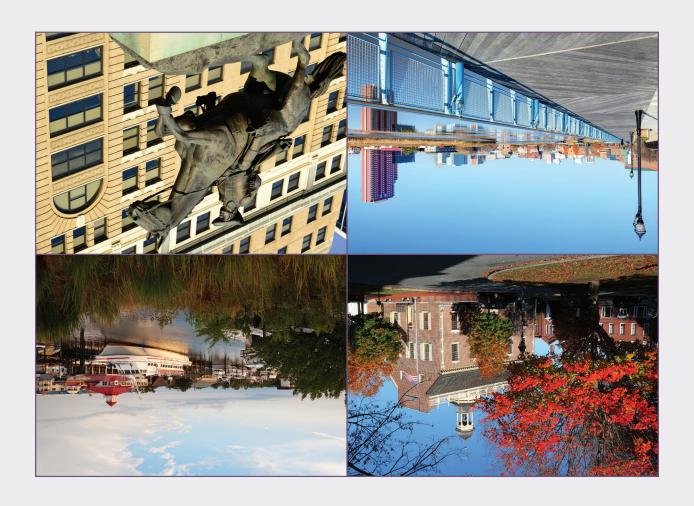
7907-968-778-1

o mándenos un correo electrónico a

womenshealth@norc.org

Esta encuesta debería ser completada por una mujer del hogar entre las edades de 18-44 años.

¿Quién debería completar el estudio?



ANONE IN SOLUTION OF THE SOLUT

Maryland SURVEY OF MAN SURVEY



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.

Right Way

9399

Wrong Way

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

Researchers at NORC at the University of Chicago are asking for your help with an important study about women's health. The information you provide will help researchers better understand the methods of birth control that women use and how they feel about those methods. We will also ask about your experiences receiving reproductive healthcare and other issues related to your health and well-being.

Some topics may be sensitive for you, and you can decline to answer any question. The survey takes about 15 minutes to complete. Participation is voluntary and you may skip any questions you don't wish to answer. If you are eligible and complete the survey, we will offer you an additional \$10 gift code to your choice of Amazon, Target or Walmart. If you have questions about your rights as a survey participant before starting the survey, you may call the NORC Institutional Review Board Administrator (toll-free) at 1-866-309-0542.

The information you provide will be used by the research team for statistical purposes only. We will do our very best to protect the confidentiality of all the information we collect from you and we will not disclose your information to third parties. However, no one can guarantee complete confidentiality for data sent over the Internet. The data you provide will be stored in secure computers with password protections and only authorized members of the research team will have access to the data.

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

1-877-396-4064

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.

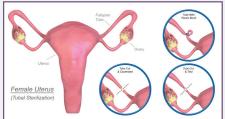
Birth control patch (Evra® or other)



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



Female sterilizing operation



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®".

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.

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 (3-6 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.

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 may 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 her 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 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 B. GENERAL HEALTH	6		Thy didn't you get health care for yourself? lease check all that apply.
3	Would you say that in general your health is? 1 Excellent 2 Very good 3 Good 4 Fair 5 Poor 6 Prefer not to answer In the past 12 months, have you received any medical		2	I was concerned about exposure to COVID-19. The place I usually go was closed because of COVID-19. I couldn't afford it. I didn't know where to go. The place where I got care 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 didn't have insurance.
	care or health care? Please include all medical care including urgent care, ER visits, routine doctor visits, and visits with a specialist (e.g., gynecologist, dentist, eye doctor).			I was unsure about how much of the care would be covered under my insurance. Some other reason why Please specify why:
	² ☐ No ³ ☐ Prefer not to answer		13	Prefer not to answer
5	In the past 12 months, was there any time when you wanted health care for yourself, for any reason, but didn't get it?	7	pa Pi	the past year, has the COVID-19 (coronavirus) andemic affected you in any of the following ways? lease respond Yes or No for each event. More than one ES response is possible.
	¹		a. b.	I, a partner, a dependent or close family member was diagnosed with, or suspected to have contracted, COVID-19 I, a partner, a dependent or close family member experienced a reduction in hours worked or lost a job due to COVID-19 reasons I had to delay, cancel or skip visiting my doctor or clinic for sexual or reproductive health care due to COVID-19 reasons I was unable to get, or delayed in getting, my birth control method due to COVID-19 reasons

SECTION C. PAST BIRTH CONTROL USE

The next few questions are about using birth control. Birth control refers to ALL the different methods for preventing pregnancy, including condoms, birth control pills, Depo-Provera (the shot), IUDs, implants, and non-prescription methods like withdrawal or "pulling out." It also includes permanent methods like sterilization (tubes tied, hysterectomy, or vasectomy) and other methods you might use, even if you used them for reasons other than to prevent pregnancy.

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

(Withdrawal (also called "the pull-out method")
	1 Yes 2 No 3 Don't Know 4 Prefer not to answer
9	Birth control pills Please mark YES even if you are/were taking birth control pills for reasons other than to prevent pregnancy.
	1 ☐ Yes 2 ☐ No 3 ☐ Don't Know 4 ☐ Prefer not to answer
1	Birth control patch (Evra® or other)
	1 Yes 2 No 3 Don't Know 4 Prefer not to answer
1	Vaginal ring (Nuvaring® or other)
	1 Yes 2 No 3 Don't Know 4 Prefer not to answer
1	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?

IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®)						
1 Yes 2 No 3 Don't Know 4 Prefer not to answer If no, what is the primary reason you have never used an IUD? 1 The cost is too high						
² ☐ I am not familiar with this birth control method						
 ³ ☐ Due to my beliefs (religious or otherwise) ⁴ ☐ To avoid negative side effects 						
5 ☐ I am not comfortable requesting an IUD from my doctor						
⁶ ☐ I am concerned about the procedure for inserting or removing the IUD						
⁷ ☐ My provider did not discuss IUDs with me						
8 I want control over when and whether to use the method						
⁹ ☐ Other, please specify:						
¹⁰ ☐ Prefer not to answer						
If yes, what IUD have you used? Please check all that apply. 1 Liletta® (hormonal IUD used for up to 6 years) 2 Mirena® (hormonal IUD used for up to 5 years) 3 Skyla® (hormonal IUD used for up to 3 years) 4 Paragard® (non-hormonal IUD used for up to 10 years, also called the "copper IUD") 5 Kyleena® (hormonal IUD used for up to 5 years) 6 Don't Know 7 Prefer not to answer If yes, in what month and year did you last have an IUD inserted? If you cannot remember exactly, please give your best estimate.						
Month: Year:						
¹ □ Don't Know ² □ Prefer not to answer						
If yes, if you are no longer using that IUD, in what month and year did you have it removed or was it expelled? If you cannot remember exactly, please give your best estimate.						
Month: Year: I am still using that IUD Don't Know Prefer not to answer						
If yes, did you ever feel pressured by a medical provider to keep in the IUD that you were last using or are still using? 1 Yes 2 No 3 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?	Other barrier methods (diaphragm, sponge, cervical cap, female condom)
4 Implant (Implanon® or Nexplanon®)	¹ ☐ Yes
racking 1 □ Yes	² No
r²□ No	3 ☐ Don't Know 4 ☐ Prefer not to answer
³ ☐ Don't Know	Prefer flot to answer
⁴ ☐ Prefer not to answer	17 Natural family planning methods (also called calendar/
If no, what is the primary reason you have never used an implant?	rhythm method, cycle beads, basal body temperature).
¹ ☐ The cost is too high	¹ ☐ Yes
² ☐ I am not familiar with this birth control method	² □ No
³ ☐ Due to my beliefs (religious or otherwise)	³ □ Don't Know
⁴ ☐ To avoid negative side effects	⁴ ☐ Prefer not to answer
⁵ ☐ I am not comfortable requesting an implant from my	
doctor	18 Emergency contraception (morning after pill, also
⁶ ☐ I am concerned about the procedure for inserting or removing the implant	known as "Plan B" or Ella®)
⁷ ☐ My provider did not discuss implants with me	¹ ☐ Yes
⁸ ☐ I want control over when and whether to use the	² ☐ No
method	³ ☐ Don't Know
⁹ ☐ Other, please specify:	⁴ □ Prefer not to answer
	19 Partner's vasectomy (also known as male sterilization)
¹⁰ ☐ Prefer not to answer	¹ ☐ Yes
If yes, in what month and year did you last have an	_
Implant inserted? If you cannot remember exactly, please	² □ No
give your best estimate.	³ □ Don't Know
	4 ☐ Prefer not to answer
Month: Year:	
¹ □ Don't Know	20 Any other method not mentioned previously
	9 , ,
² ☐ Prefer not to answer	
If yes, if you are no longer using that Implant, in what	¹ ☐ Yes, please specify the other method:
	¹ ☐ Yes, please specify the other method:
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot	¹ ☐ Yes, please specify the other method: 2 ☐ No
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate.	¹ ☐ Yes, please specify the other method: 2 ☐ No 3 ☐ Don't Know
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year:	¹ ☐ Yes, please specify the other method: 2 ☐ No
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate.	1 Yes, please specify the other method: 2 No 3 Don't Know 4 Prefer not to answer
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year: 1 I am still using that Implant	1 Yes, please specify the other method: 2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year: 1 I am still using that Implant 2 Don't Know 3 Prefer not to answer	1 Yes, please specify the other method: 2 No 3 Don't Know 4 Prefer not to answer
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year: I am still using that Implant Don't Know	1 Yes, please specify the other method: 2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year: 1	1 Yes, please specify the other method: 2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control method, but couldn't afford it?
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year: 1	1 Yes, please specify the other method: 2 No 3 Don't Know 4 Prefer not to answer In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 Yes
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year: 1	1 Yes, please specify the other method: 2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 Yes 2 No
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year: I am still using that Implant Don't Know Prefer not to answer If yes, did you ever feel pressured by a medical provider to keep in the implant that you were last using or are still using? Yes	1 Yes, please specify the other method: 2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 Yes 2 No 3 Prefer not to answer 22 In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year: I am still using that Implant Don't Know Trefer not to answer If yes, did you ever feel pressured by a medical provider to keep in the implant that you were last using or are still using? Yes No	1 Yes, please specify the other method: 2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 Yes 2 No 3 Prefer not to answer
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	1 Yes, please specify the other method: 2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 Yes 2 No 3 Prefer not to answer 22 In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	1 Yes, please specify the other method: 2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 Yes 2 No 3 Prefer not to answer 22 In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason?
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	1
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	1 Yes, please specify the other method: 2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 Yes 2 No 3 Prefer not to answer 22 In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 Yes
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	1
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	1
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	1
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	1
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	1
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	1

23		
	Why did you delay or have trouble getting the birth control method that you wanted? Please check all that apply.	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
	¹ ☐ COVID-19 made it difficult. ² ☐ I couldn't afford it.	is needed - Ever had a pap smear - Diagnosed with breast cancer in the past 10 years
	³ ☐ I didn't have health insurance.	- Diagnosed with breast cancer in the past 10 years
	⁴ ☐ My health insurance doesn't cover the method I want.	
	⁵ ☐ I couldn't get through to a doctor, clinic, or pharmacy on	Enter number between 0-3
	the telephone.	1 □ Don't Know
	⁶ ☐ Once I got to the doctor, clinic, or pharmacy the wait was too long to see someone.	² ☐ Prefer not to answer
	$^7 \square$ I didn't have transportation or a ride to the clinic/pharmacy	On this next list of health experiences, how many of
ΙГ	^{•8} □ I was treated unfairly.	these have you personally experienced? You don't
	⁹ ☐ Other, please specify:	need to say which ones, just how many. - Ever used a birth control method (such as: pills, an IUD or
Ш		implant, condoms, or the shot)
	10 T D C 11	- Had an abortion (ended a pregnancy on purpose) in the
Ш	¹⁰ ☐ Prefer not to answer	past 5 years - Had a tubal or ectopic pregnancy in the past year
-	How were you treated unfairly? I was treated unfairly Please check all that apply.	- Ever had your blood pressure measured
	¹ ☐ Because of my race/ethnicity	Enter number between 0.4
	² ☐ Because English is not my first language	Enter number between 0-4
	³☐ Because of my sexual orientation	¹☐ Don't Know
	⁴ ☐ Because of my sexual activity or lifestyle	² ☐ Prefer not to answer
	⁵ ☐ Because of my gender presentation	
	⁶ ☐ Other, please specify:	SECTION E. DEMOGRAPHICS
		SECTION E. DEMOGRAPHICS
	7.00]]
	⁷ ☐ Prefer not to answer	Now we would like to ask you a few questions about your background.
	SECTION D. SOURCES OF MEDICAL CARE INFORMATION	What is the highest degree or level of school you have completed?
		¹ ☐ Never attended school or only attended kindergarten
24	Do you know how YOU can get any of the following	² ☐ Grades 1 through 8 (Elementary)
	birth control methods for free (by FREE we mean you	
		³ ☐ Grades 9 through 11 (Some high school)
	don't have to pay anything out-of-pocket)?	 ³ ☐ Grades 9 through 11 (Some high school) ⁴ ☐ Grade 12 or GED
		⁴ ☐ Grade 12 or GED ⁵ ☐ Some college, no degree
	Prefer not to	⁴ ☐ Grade 12 or GED ⁵ ☐ Some college, no degree ⁶ ☐ Associate's degree
	Prefer not to Yes No answer	 Grade 12 or GED Some college, no degree Associate's degree Bachelor's degree (for example: BA, AB, BS, BBA)
	a. Male condoms Prefer not to answer	⁴ ☐ Grade 12 or GED ⁵ ☐ Some college, no degree ⁶ ☐ Associate's degree
	a. Male condoms b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, 1 2 3	 Grade 12 or GED Some college, no degree Associate's degree Bachelor's degree (for example: BA, AB, BS, BBA)
	a. Male condoms b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, 1 2 3 or Kyleena®)	 4 ☐ Grade 12 or GED 5 ☐ Some college, no degree 6 ☐ Associate's degree 7 ☐ Bachelor's degree (for example: BA, AB, BS, BBA) 8 ☐ Master's degree
	a. Male condoms b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, 1 2 3 3 or Kyleena®) c. Implant (Implanon® or Nexplanon®)	 4 ☐ Grade 12 or GED 5 ☐ Some college, no degree 6 ☐ Associate's degree 7 ☐ Bachelor's degree (for example: BA, AB, BS, BBA) 8 ☐ Master's degree 9 ☐ Professional degree beyond a bachelor's degree
	a. Male condoms b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®) c. Implant (Implanon® or Nexplanon®) d. Depo-Provera® (also called "the shot") 1 Prefer not to answer 3 3 3 3 4 2 3 7 3 3 7 3 3 7 3 3 8 3 3	 4 ☐ Grade 12 or GED 5 ☐ Some college, no degree 6 ☐ Associate's degree 7 ☐ Bachelor's degree (for example: BA, AB, BS, BBA) 8 ☐ Master's degree 9 ☐ Professional degree beyond a bachelor's degree 10 ☐ Doctorate degree
	a. Male condoms b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®) c. Implant (Implanon® or Nexplanon®) d. Depo-Provera® (also called "the shot") e. Birth control pills	 4 ☐ Grade 12 or GED 5 ☐ Some college, no degree 6 ☐ Associate's degree 7 ☐ Bachelor's degree (for example: BA, AB, BS, BBA) 8 ☐ Master's degree 9 ☐ Professional degree beyond a bachelor's degree 10 ☐ Doctorate degree
	a. Male condoms b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®) c. Implant (Implanon® or Nexplanon®) d. Depo-Provera® (also called "the shot") e. Birth control pills f. NuvaRing® (vaginal birth control ring) Yes No	4 Grade 12 or GED 5 Some college, no degree 6 Associate's degree 7 Bachelor's degree (for example: BA, AB, BS, BBA) 8 Master's degree 9 Professional degree beyond a bachelor's degree 10 Doctorate degree 11 Prefer not to answer
	a. Male condoms b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®) c. Implant (Implanon® or Nexplanon®) d. Depo-Provera® (also called "the shot") e. Birth control pills	4 Grade 12 or GED 5 Some college, no degree 6 Associate's degree 7 Bachelor's degree (for example: BA, AB, BS, BBA) 8 Master's degree 9 Professional degree beyond a bachelor's degree 10 Doctorate degree 11 Prefer not to answer
	a. Male condoms b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®) c. Implant (Implanon® or Nexplanon®) d. Depo-Provera® (also called "the shot") e. Birth control pills f. NuvaRing® (vaginal birth control ring) Yes No	4 Grade 12 or GED 5 Some college, no degree 6 Associate's degree 7 Bachelor's degree (for example: BA, AB, BS, BBA) 8 Master's degree 9 Professional degree beyond a bachelor's degree 10 Doctorate degree 11 Prefer not to answer 28 Where were you born? 1 United States (including its territories: Puerto Rico, Guam, etc.)
	a. Male condoms b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®) c. Implant (Implanon® or Nexplanon®) d. Depo-Provera® (also called "the shot") e. Birth control pills f. NuvaRing® (vaginal birth control ring) Yes No	4 Grade 12 or GED 5 Some college, no degree 6 Associate's degree 7 Bachelor's degree (for example: BA, AB, BS, BBA) 8 Master's degree 9 Professional degree beyond a bachelor's degree 10 Doctorate degree 11 Prefer not to answer 28 Where were you born? 1 United States (including its territories: Puerto Rico, Guam, etc.) 2 Outside of the United States
25	a. Male condoms b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®) c. Implant (Implanon® or Nexplanon®) d. Depo-Provera® (also called "the shot") e. Birth control pills f. NuvaRing® (vaginal birth control ring) Yes No	4 Grade 12 or GED 5 Some college, no degree 6 Associate's degree 7 Bachelor's degree (for example: BA, AB, BS, BBA) 8 Master's degree 9 Professional degree beyond a bachelor's degree 10 Doctorate degree 11 Prefer not to answer 28 Where were you born? 1 United States (including its territories: Puerto Rico, Guam, etc.) 2 Outside of the United States 3 Prefer not to answer
	a. Male condoms b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®) c. Implant (Implanon® or Nexplanon®) d. Depo-Provera® (also called "the shot") e. Birth control pills f. NuvaRing® (vaginal birth control ring) g. Other method, please specify: True or False. You can start any method of birth control that you want during one office visit to a clinic.	4 Grade 12 or GED 5 Some college, no degree 6 Associate's degree 7 Bachelor's degree (for example: BA, AB, BS, BBA) 8 Master's degree 9 Professional degree beyond a bachelor's degree 10 Doctorate degree 11 Prefer not to answer 28 Where were you born? 1 United States (including its territories: Puerto Rico, Guam, etc.) 2 Outside of the United States
	a. Male condoms b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®) c. Implant (Implanon® or Nexplanon®) d. Depo-Provera® (also called "the shot") e. Birth control pills f. NuvaRing® (vaginal birth control ring) g. Other method, please specify: True or False. You can start any method of birth control that you want during one office visit to a clinic.	4 Grade 12 or GED 5 Some college, no degree 6 Associate's degree 7 Bachelor's degree (for example: BA, AB, BS, BBA) 8 Master's degree 9 Professional degree beyond a bachelor's degree 10 Doctorate degree 11 Prefer not to answer 28 Where were you born? 1 United States (including its territories: Puerto Rico, Guam, etc.) 2 Outside of the United States 3 Prefer not to answer
	a. Male condoms b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®) c. Implant (Implanon® or Nexplanon®) d. Depo-Provera® (also called "the shot") e. Birth control pills f. NuvaRing® (vaginal birth control ring) g. Other method, please specify: True or False. You can start any method of birth control that you want during one office visit to a clinic. True True False	4 Grade 12 or GED 5 Some college, no degree 6 Associate's degree 7 Bachelor's degree (for example: BA, AB, BS, BBA) 8 Master's degree 9 Professional degree beyond a bachelor's degree 10 Doctorate degree 11 Prefer not to answer 28 Where were you born? 1 United States (including its territories: Puerto Rico, Guam, etc.) 2 Outside of the United States 3 Prefer not to answer 29 Are you of Hispanic, Latina, or Spanish origin?
	a. Male condoms b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®) c. Implant (Implanon® or Nexplanon®) d. Depo-Provera® (also called "the shot") e. Birth control pills f. NuvaRing® (vaginal birth control ring) g. Other method, please specify: True or False. You can start any method of birth control that you want during one office visit to a clinic. True False It depends on the type of birth control method	4 Grade 12 or GED 5 Some college, no degree 6 Associate's degree 7 Bachelor's degree (for example: BA, AB, BS, BBA) 8 Master's degree 9 Professional degree beyond a bachelor's degree 10 Doctorate degree 11 Prefer not to answer 28 Where were you born? 1 United States (including its territories: Puerto Rico, Guam, etc.) 2 Outside of the United States 3 Prefer not to answer 29 Are you of Hispanic, Latina, or Spanish origin? 1 Yes
	a. Male condoms b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®) c. Implant (Implanon® or Nexplanon®) d. Depo-Provera® (also called "the shot") e. Birth control pills f. NuvaRing® (vaginal birth control ring) g. Other method, please specify: True or False. You can start any method of birth control that you want during one office visit to a clinic. True False It depends on the type of birth control method Don't Know	4 Grade 12 or GED 5 Some college, no degree 6 Associate's degree 7 Bachelor's degree (for example: BA, AB, BS, BBA) 8 Master's degree 9 Professional degree beyond a bachelor's degree 10 Doctorate degree 11 Prefer not to answer 28 Where were you born? 1 United States (including its territories: Puerto Rico, Guam, etc.) 2 Outside of the United States 3 Prefer not to answer 29 Are you of Hispanic, Latina, or Spanish origin? 1 Yes 2 No
	a. Male condoms b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®) c. Implant (Implanon® or Nexplanon®) d. Depo-Provera® (also called "the shot") e. Birth control pills f. NuvaRing® (vaginal birth control ring) g. Other method, please specify: True or False. You can start any method of birth control that you want during one office visit to a clinic. True False It depends on the type of birth control method	4 Grade 12 or GED 5 Some college, no degree 6 Associate's degree 7 Bachelor's degree (for example: BA, AB, BS, BBA) 8 Master's degree 9 Professional degree beyond a bachelor's degree 10 Doctorate degree 11 Prefer not to answer 28 Where were you born? 1 United States (including its territories: Puerto Rico, Guam, etc.) 2 Outside of the United States 3 Prefer not to answer 29 Are you of Hispanic, Latina, or Spanish origin? 1 Yes 2 No

	L		
Which one or more of the following would you say is your race?	36	In the PAST 12 MONTHS, did you leave a job or school because? Please check all that apply	
1 ☐ Black or African American 2 ☐ White 3 ☐ Asian or Asian American 4 ☐ Native American, Alaska Native, or American Indian 5 ☐ Native Hawaiian or Pacific Islander 6 ☐ Other, please describe:		 ¹ □ COVID-19 (Coronavirus) ² □ I became pregnant ³ □ I had to take on parenting or other care-giving responsibilities ⁴ □ I left for some other reason ⁵ □ I have not left a job or school in the past 12 months ⁶ □ Prefer not to answer 	
⁷ ☐ Prefer not to answer	37	In studies like this, people are often grouped according to the income shared by an entire household. Thinking about your household's income from all sources in	
³ □ Divorced 4 □ Separated	_	2020, what was the approximate income earned by everyone, before taxes? Your best guess is fine. If you are a student, please include the household income where you currently live even if that includes a dorm room or apartment that you rent only during the school year. \$ Don't Know	
Do you currently live with a romantic partner?		-2☐ Prefer not to answer	
1		What if you had some categories? Would you say your household's income in 2020 was ¹ □ Less than \$10,000 ² □ \$10,000 to less than \$15,000 ³ □ \$15,000 to less than \$20,000	
Which of the following best represents how you think about yourself?		⁴ □ \$20,000 to less than \$25,000 ⁵ □ \$25,000 to less than \$30,000	
² ☐ Straight, that is, not lesbian or gay ³ ☐ Bisexual			6 \$30,000 to less than \$35,000 7 \$35,000 to less than \$40,000 8 \$40,000 to less than \$50,000 9 \$50,000 to less than \$60,000 10 \$60,000 to less than \$75,000 11 \$75,000 to less than \$100,000 12 \$100,000 to less than \$150,000
At any time IN THE LAST 3 MONTHS, have you attended school or college? Include only schooling which leads to a high school diploma, or a college, graduate, or professional degree.		 13 ☐ \$150,000 or more 14 ☐ Don't Know 15 ☐ Prefer not to answer 	
² □ No	38	Now, please consider just yourself. During the past 12 MONTHS, did YOU receive any income from wages, salary, commissions, bonuses, or tips?	
Are you currently? Please check all that apply		² ☐ No → Skip to Question 41 on Page 10 ³ ☐ Prefer not to answer → Skip to Question 40 on Page 10	
 ² Self-employed ³ A student ⁴ Out of work for 1 year or more ⁵ Out of work for less than 1 year ⁶ A Homemaker ⁷ Retired ⁸ Unable to work 	39	What was the total amount of income YOU received for the PAST 12 MONTHS? Please report the amount you earned before taxes were taken out. Your best guess is fine. \$ 1 Don't Know 2 Prefer not to answer	
	your race? Black or African American White Asian or Asian American Native American, Alaska Native, or American Indian Native Hawaiian or Pacific Islander Other, please describe:	your race? Black or African American White Maison Asian American Native American, Alaska Native, or American Indian Native Hawaiian or Pacific Islander Other, please describe:	

			_					
40	Du	ring the PAST 12 MONTHS, how many hours did you ually work each WEEK?	43	How many children less t your household?	han 18	years of	age live	in
		Hours per week		Number of children	1			
	1 🔲 [Don't Know		¹ ☐ Don't Know				
	2 🔲	Prefer not to answer		² ☐ Prefer not to answer				
41	In t	the next set of questions, we'd like to ask about your rent living situation. Is the house, apartment, or	44	Did you live in this house	or apa	rtment 1	year ag	o?
		bile home that you're living in		¹ ☐ Yes → Skip to Quest	tion 46			
	1 🗆 (Owned by you or someone in this household with a		² ☐ No, I lived in a different h	ouse o	r apartme	ent in Ma	ryland
		mortgage or loan. <i>Include home equity loans.</i>		³ ☐ No, I lived in a different h	nouse o	r apartme	ent in and	other
	2 🔲 (Owned by you or someone in this household free and		state				d = = 6
		clear (without a mortgage or loan)		⁴ ☐ No, I lived in a different h United States	iouse o	гараппе	in outsic	ie oi trie
		Rented		⁵ □ Prefer not to answer				
		Occupied without payment of rent						
		Don't Know Prefer not to answer	45	Have you been living or s for more than 2 months?	taying	at your o	urrent a	ddress
				¹				
42		luding you, how many people live or stay at this dress?	- 1	² No ³ Prefer not to answer				
		III., , , , ,		Prefer not to answer				
		Number of people						
		Don't Know						
	- 🗀 1	Prefer not to answer						
		SEC	TIO	N F.				
		REPRODUC	CTIV	E HEALTH				
In	the r	next section, we'd like to learn more about your reproductiv	e heal	lth.				
46	Are	you currently covered by any of the following types of	f healt	h insurance?				
					Yes	No	Don't Know	Prefer not to answer
	a.	Insurance through current or former employer or union (by	you o	r another family member).	1	2	3	4
	h	This would include COBRA coverage	/by yo	u or another family	1 🗆	2	3□	4
	D.	Insurance purchased directly from an insurance company member). This would include coverage purchased through			1	2	3	- □
		such as marylandhealthconnection.gov		ionango or mamorpiaco,				
	C.	Medicare, for people 65 and older or people with certain d	isabilit	ies	1	2	3	4
	d.	Medicaid, Medical Assistance (MA), the Children's Health			1	2	3	4
		kind of state or government-sponsored assistance plan ba may know this type of coverage as Maryland Medical Assis						
		Choice, or Maryland Children's Health Program.	stance	e Program, Maryland Health				
	e.	TRICARE or other military health care, including VA health	care.		1	2	3	4
	f.	Indian Health Service			1	2	3	4
	g.	Any other type of health insurance or health coverage plar	n. Spec	cify:	1	2	3	4
	J						_	
	h.	I do not currently have health insurance or a health covera	ige pla	ın.	1	2	3	4

		- 1									
47	Did you have health insurance during all of the past 12 months?	50	a d	oct	how long or or othe up? A rou	r health	care pro	ovider fo	r a rou	utine	am.
	¹□ Yes → Skip to Question 49				exam for						,
	² ☐ No ³ ☐ Prefer not to answer				nin the pas	• `	•				• ,
48	For how many of the past 12 months were you WITHOUT health insurance?		4 🔲 🤾	ō or	nin the pas more yea	-	s (2 year	s but less	than	5 year	rs ago)
	¹ Less than 1 month		5 [6		er i't Know						
	² ☐ 1 to 3 months ³ ☐ 4 to 6 months		7 🔲	Pre	fer not to a	ınswer					
	⁴ ☐ 7 to 12 months	51	In	the	past 12 n	nonths	have vo	u aone t	n a do	ctor (or
	⁵ ☐ Prefer not to answer				healthcar			u gone t	o a do	Ctor C	71
49	Do you have at least one person or place you think of as your personal doctor or health care provider?							Ye	s No	Don't Know	
	¹ ☐ Yes ² ☐ No			pre	method of escription f ethod	or a birth	control		2	3	4
	³ ☐ Prefer not to answer		b.		check-up o using birth			ated ¹□	2	3	4
			C.	Со	ounseling o			out 1] 2	3	4
			d.	A c	doctor, nur re provide	asked y	ou if yoυ	l			_
					int to beco xt year	me preg	nant in tr	ne ¹□	2	3	4
				-	oregnancy general G\			1	2	3	4
	If you have not gone to a doctor or other healthcare provider in the skip to Question 53 on Page 12. Otherwise, continue to Question			WO	men's visi	t)		1	_	³□ n 51, µ	⁴ □
52	•		hirth c	on	trol with r	espect t	o the fo	llowing (uraliti	26	
	riease rate the healthcare provider you saw most recently	101 1	Jiitii C	.011	uoi witii i	especii	o the lo	nowing (Juanin	;5.	
	a. Respecting me as a person		Po :		Fair ² □	Good ³ □	Very Good ⁴	Excellent	Dor Kno	w to	refer not answer
	 b. Letting me say what mattered to me about my birth control method 		1]	2	3	4	5	6]	7
	c. Taking my preferences about my birth control seriously		1]	2	3	4	5	6	J	7
	 d. Giving me enough information to make the best decision about my birth control method 		1]	2	3	4	5	6	l	7
	e. Keeping information about me and my care private		1_	_	2	3	4	5	6	•	7
	f. Having translation available when I want/need it		1	_	2	3	4	5	6	ı	7

	Extremely	Somewhat	Not at all	Don't Know	Prefer notes
I can stop using the birth control method at any time	1	2	3	4	5
o. I can get pregnant immediately after I stop using it	1	2	3	4	5
c. The method is affordable	1	2	3	4	5
I. The method is easy to use	1	2	3	4	5
e. I don't have to remember to use the method each time I have	1	2	3 🗀	4	5
Sex	1	2	3	4 <u></u> 4 <u></u>	5
I use the method only when I am going to have sex	1	2	3 3	_	5
The method is easy for me to get	1	2 2	3	4	5
I can get it without seeing a doctor or going to a clinic The method has few or no side effects	1	2	3	4 <u></u> 4 <u></u>	5
	1 1	2	3	4	5 5
The method doesn't detract from my sexual enjoyment		2	3	4	5
The method does not detract from my partner's sexual enjoyment The method has a health benefit	1	2	3	4	5
-	1□	2	3	4	5
	1□	2	3	4	5
The method does not change my menstrual periods The method is very effective at preventing pregnancy	1□	2	3 🗆	4 □	5
	1	2	3	4	
	1	_	3	_	5 5
 I have control over when and whether to use the method No one can tell that I am using the method 	1	2 2	3	4 <u></u> 4 <u></u>	5 5
peration (such as a hysterectomy) that makes you urrently unable to get pregnant? Yes, "tubal ligation," "tubes tied," or "Essure" Yes, hysterectomy or another operation, so unable	•	yes no no had the oper	ration revers	sed	
	Don't Kno				
If y	ase go to Qι	a tubal ligati uestion 76 on rrently preg	page 15.	or had your	tubes tie
Ionth: Year:	-	Skip to Que		Page 18	
58	Are you cu	rrently trying	g to get pre	gnant?	
	☐ Yes →	Skip to Qu	estion 83 or	Page 16	

SECTION G. CURRENT BIRTH CONTROL USE

Are you <u>currently using</u> any method or methods of birth control?	What kind(s) of birth control method(s) are you currently using? Please check all that apply.
¹ ☐ Yes → Skip to Question 61	61 Withdrawal (also called "the pull-out method")
² □ No	r¹ ☐ Yes
³ ☐ Prefer not to answer → Skip to Question 61	² No ³ Prefer not to answer
What are your reasons for not using any method of birth control? Please check all that apply.	If yes, did you use this method the last time you had sex with a male?
 I'm not currently having penile-vaginal sex or sex that could lead to pregnancy I just don't think about it I don't mind if I get pregnant I want to get pregnant 	¹ ☐ Yes ² ☐ No ³ ☐ Don't Know ⁴ ☐ Prefer not to answer
 ⁵ □ I don't want to use a birth control method ⁶ □ My partner doesn't want to use a birth control method ⁷ □ We just use "pulling out" 	Birth control pills. Please mark YES even if you are taking birth control pills for reasons other than to prevent pregnancy.
8 My partner is female 9 I stopped using birth control methods due to side effects 10 It's too hard to get to (no transportation or child care, cannot take time off work) 11 I didn't trust giving out my personal information to medical personnel 12 I can't pay for birth control 13 I don't think I can get pregnant 14 I recently stopped using my birth control method and haven't started it again 15 I'm worried about people in my community knowing that I'm using birth control 16 I'm currently breastfeeding 17 I think my partner is sterile and cannot impregnate me 18 I think that I might be infertile or it might be impossible for me to get pregnant 19 Religious reasons 20 I just had a baby 21 I don't have sex very often 22 I enjoy sex more when I don't use a birth control method 23 Other, please specify:	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 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 2 No 3 Don't Know 4 Prefer not to answer
24 ☐ Prefer not to answer	or other) 1

If you are <u>not</u> currently using any method or methods of birth

control, please skip to Question 76 on Page 15. Otherwise, continue to Question 61.

	What kind(s) of birth control method(s) are you <u>currently</u> using? Please check all that apply	74	How confident are you that you have been using your method(s) of birth control correctly for the past 3 months?
70	Natural family planning methods (also called calendar/ rhythm method, cycle beads, basal body temperature)		¹ ☐ Completely confident
	mythin method, cycle beads, basai body temperature)	'	² Somewhat confident
	C ¹ Yes		³ □ Neither confident nor not confident
	² □ No		⁴ ☐ Somewhat not confident
	³ Prefer not to answer		5 Not at all confident
	If yes, did you use this method the last time you had sex with a male?		⁶ □ Prefer not to answer
	¹ ☐ Yes	773	Variable of variable control weatherd in the west 2
	² □ No	75	Your use of your birth control method in the past 3 months was:
	³ ☐ Don't Know		
	⁴ ☐ Prefer not to answer		¹☐ Completely under your control
L		.	² ☐ Somewhat under your control
71			³ ☐ Neither under your control nor out of your control
Γ	known as "Plan B" or Ella®)		⁴ ☐ Somewhat out of your control
	r ¹□ Yes		⁵ ☐ Not at all under your control
	² □ No		⁶ ☐ Prefer not to answer
	³ ☐ Prefer not to answer		
	If yes, did you use this method the last time you had sex with a male?	76	If you could use any birth control method you wanted, what method(s) would you use? Please check all that apply.
	¹ ☐ Yes		¹ ☐ I am using the method that I want to
	² No		use Skip to Question 78 on Page 16
	3 ☐ Don't Know		² ☐ Tubal ligation ("tubes tied") or another operation that
	⁴ □ Prefer not to answer		makes you unable to get pregnant
			³ ☐ Partner's vasectomy (also known as male sterilization)
72	Partner's vasectomy (also known as male sterilization)		⁴ ☐ Withdrawal ("pulling out")
	r¹ Yes		⁵ ☐ Birth control pills ("the pill")
	² □ No		⁶ ☐ Male condoms
	³ ☐ Prefer not to answer		⁷ ☐ Birth control patch (on the skin)
	If yes, did you use this method the last time you had sex		⁸ ☐ Vaginal ring (NuvaRing® or other)
	with a male?		⁹ ☐ The shot (Depo-Provera®)
	¹ Yes		¹⁰ ☐ Female condom
	² □ No		¹¹ ☐ Implant (in the arm; Implanon® or Nexplanon®)
	³ ☐ Don't Know		12 IUD (intrauterine device; e.g., Mirena; Liletta, Skyla,
	⁴ □ Prefer not to answer		ParaGard, Kyleena) 13 Fertility awareness-based methods (e.g., calendar/rhythm
73	Other method	П	method, CycleBeads®, basal body temperature, natural family planning methods)
			¹⁴ ☐ Emergency contraception (also known as the
	Yes, please specify the other method:	, [morning-after pill, Plan B® or Ella®)
			15 Other method:
	² □ No	'	
	³ ☐ Prefer not to answer		16 - 1
	If yes, did you use this method the last time you had sex		16 ☐ I would prefer not to use any method → Skip to Question 78
	with a male?		17 □ Don't Know
	¹ ☐ Yes	- 1	18 ☐ Prefer not to answer
	² □ No		_ Fold flot to allower
	³ ☐ Don't Know		
	4 ☐ Prefer not to answer		
	_		

What is the main reason you are not currently using the birth control method you want to use?	How satisfied are you with your birth control method? If not using a method, tell us how satisfied you are with using no method. If using more than one method, please report
¹ ☐ I can't afford it	on your satisfaction with the method you use most often.
² ☐ I don't have health insurance	4 D.V. C.C. I
³ ☐ My health insurance doesn't cover it	¹ □ Very satisfied
⁴ ☐ The insurance co-pays/deductibles are too high	² ☐ Somewhat satisfied
$^{5}\square$ It's too hard to get to (no transportation or child care, can't	3 ☐ Neither satisfied nor dissatisfied
take time off work)	⁴ ☐ Somewhat dissatisfied
⁶ ☐ I don't know where I can get the birth control method I	⁵ ☐ Very dissatisfied
want	⁶ ☐ Prefer not to answer
⁷ ☐ The method that I want is not available at my doctor's office, clinic or pharmacy	81 How important is it to you to AVOID becoming pregnant
8 I don't want my partner or family to find out that I want to use a birth control method	now?
⁹ ☐ I don't trust giving out my personal information to medical	¹ □ Very important
staff	² Somewhat important
¹⁰ ☐ My health care provider suggested I use something else	3 ☐ Neither important nor unimportant
11 ☐ I have an appointment scheduled, but haven't gone yet	4 ☐ Somewhat unimportant
12 I'm trying to get pregnant	⁵ ☐ Not at all important ⁶ ☐ Prefer not to answer
 13 ☐ My partner doesn't want to use this birth control method 14 ☐ I'm worried about people in my community knowing that 	Prefer not to answer
I'm using birth control 15 □ I'm not sure	If you have had a tubal ligation, "Essure" or had your tubes tied, please go to Question 86 on page 18.
16 ☐ I or my partner are surgically sterile (had a tubal	picase go to Question of on page 10.
sterilization, vasectomy, or other operation)	Would you say switching your current birth control
¹⁷ ☐ Other (specify):	method and using another method of birth control in the next 3 months is? If you are not currently using a
	method, tell us how likely you are to start using a method in
18 ☐ Prefer not to answer	the next 3 months.
I Telef flot to allower	¹ ☐ Very likely
Thinking about the past 3 months, about how often did	2 Somewhat likely
you have sex with a male? By sex, we mean a penis was	³ ☐ Neither likely nor unlikely
inserted in your vagina.	⁴ ☐ Somewhat unlikely
¹ About once a week or more	5 ☐ Very unlikely
² ☐ A few times a month	⁶ ☐ Prefer not to answer
³ ☐ About once a month	
⁴ Less than once a month	83 How do you feel about having a child now or sometime
⁵ ☐ I did not have sex with a male in the past	in the future?
3 months — Skip to Question 80	¹ ☐ I don't want to have one
⁶ ☐ Prefer not to answer	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
Thinking about the past 3 months, how often did you use a method of birth control when you had penile-	years from now
vaginal sex or sex that could lead to pregnancy?	⁴ ☐ I do want to have one, between 2 years to less than 5 years from now
¹ Every time you had sex	⁵ ☐ I do want to have one, five or more years from now
² ☐ More than half the time	⁶ ☐ I do want to have one, but I'm not sure when
³ ☐ About half the time	⁷ ☐ Don't Know
⁴ ☐ Less than half the time	⁸ ☐ Prefer not to answer
5 Never	
6 □ Don't Know	
⁷ □ Prefer not to answer	

SECTION H. PAST PREGNANCIES

We would like to ask you about your current thoughts and feelings about the idea of becoming pregnant in the next three months or having a baby in the next year. We know that women have very different thoughts and feelings about pregnancy, and having a baby, that can change over time. Please remember that there are no right or wrong answers. For each question, choose one answer that seems right at this point in your life

А	•	4
	ж	4
v	v	
		- 4
		4

The following statements relate to your thoughts and feelings about the idea of becoming PREGNANT in the next 3 months. Even if you do not think you can become pregnant for partner or physical reasons, please imagine how you would feel about becoming pregnant.

		Stongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer not to answer
a.	I wouldn't mind it if I became pregnant in the next 3 months.	1	2	3	4	5	6
	It would be a good thing for me if I became pregnant in the next 3 months.	1	2	3	4	5	6
C.	Thinking about becoming pregnant in the next 3 months makes me feel unhappy.	1	2	3	4	5	6
d.	Thinking about becoming pregnant in the next 3 months makes me feel excited.	1	2	3	4	5	6
e.	Becoming pregnant in the next 3 months would bring me closer to my main partner. (By main partner, we mean the romantic partner that is the most serious to you. If you don't have a romantic partner, please think about the person with whom you were last sexual.)	1□	2	3	4	5	6
yc	ne following statements relate to your thoughts and feelings about the ou do not think you can have a baby for partner or physical reasons, p aby.						
				N. 74			
		Stongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer not to answer
	I want to have a baby within the next year.	Agree 1	2	Agree nor Disagree	Disagree	Disagree 5	to answer
		Agree	•	Agree nor Disagree		Disagree	to answer
a.	If I had a baby in the next year, it would be bad for my life.	Agree 1	2	Agree nor Disagree	4	Disagree 5	to answer
a. b.	If I had a baby in the next year, it would be bad for my life. It would be a positive addition to my life to have a baby in the next year. It would be the end of the world for me to have a baby in the next year.	Agree 1 1 1 1 1	2 2	Agree nor Disagree	4	Disagree 5 5	6 6 6 6 6
a. b. c.	If I had a baby in the next year, it would be bad for my life. It would be a positive addition to my life to have a baby in the next year. It would be the end of the world for me to have a baby in the next year.	Agree 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2	Agree nor Disagree 3 3 3 3	4	Disagree 5 5 5 5	to answer 6 6 6
a. b. c. d.	If I had a baby in the next year, it would be bad for my life. It would be a positive addition to my life to have a baby in the next year. It would be the end of the world for me to have a baby in the next year.	Agree' 1	2	Agree nor Disagree 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	4	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	6 6 6 6 6
a. b. c. d. e.	If I had a baby in the next year, it would be bad for my life. It would be a positive addition to my life to have a baby in the next year. It would be the end of the world for me to have a baby in the next year. Thinking about having a baby within the next year makes me smile. Thinking about having a baby within the next year makes me feel stressed out.	Agree 1	2	Agree nor Disagree 3	4	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	to answer 6 6 6 6 6 6 6 6
a. b. c. d. e. f.	If I had a baby in the next year, it would be bad for my life. It would be a positive addition to my life to have a baby in the next year. It would be the end of the world for me to have a baby in the next year. Thinking about having a baby within the next year makes me smile. Thinking about having a baby within the next year makes me feel stressed out.	Agree 1	2	Agree nor Disagree 3	4	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	to answer 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
a. b. c. d. e. f.	If I had a baby in the next year, it would be bad for my life. It would be a positive addition to my life to have a baby in the next year. It would be the end of the world for me to have a baby in the next year. Thinking about having a baby within the next year makes me smile. Thinking about having a baby within the next year makes me feel stressed out. I would feel a loss of freedom if I had a baby in the next year. If I had a baby in the next year, it would be hard for me to manage raising the child.	Agree 1	2 2 2 2 2 2 2 2 2 2	Agree nor Disagree 3	4	5 5 5 5 5 5 5 5 5 5	to answer 6

86	Have you given birth in the past 12 months?	91	Have you ever been diagnosed as infertile?
	¹ ☐ Yes		¹ ☐ Yes
	² □ No → Skip to Question 89		² □ No
	³☐ Prefer not to answer → Skip to Question 89		³☐ Prefer not to answer
87	Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant?		SECTION I. PUBLIC POLICY
			SECTION I. FUBLIC FULICI
	¹☐ I wanted to be pregnant later		We have a few final questions related to abortion. Please
	 ² □ I wanted to be pregnant sooner ³ □ I wanted to be pregnant then 		consider your own thoughts, opinions, and experiences when
	⁴ ☐ I didn't want to be pregnant then or at any time in the		responding.
	future	92	A woman should not fear being arrested or going to jail
	⁵ ☐ I wasn't sure what I wanted	02	for having an abortion (terminating a pregnancy).
	⁶ ☐ Prefer not to answer		¹ ☐ Strongly Agree
00	How did you feel when you found out you were		² ☐ Agree
88	How did you feel when you found out you were pregnant with your new baby? Were you		3 ☐ Neither agree nor disagree
			⁴ ☐ Disagree
	 ¹□ Very happy to be pregnant ²□ Happy to be pregnant 		⁵ ☐ Strongly disagree
	³ ☐ Neither happy nor unhappy		⁶ ☐ Prefer not to answer
	⁴ ☐ Unhappy to be pregnant	93	Which comes closest to your own view on abortion?
	⁵ ☐ Very unhappy to be pregnant	33	William comes closest to your own view on abortion?
	⁶ ☐ Prefer not to answer		¹☐ Having an abortion is acceptable
			² ☐ I am against abortion for myself, but I don't believe government should prevent a woman from making the
89	In your lifetime, how many babies did you have that were born alive?		decision for herself.
			³☐ Having an abortion is wrong.
	Number of babies		⁴ ☐ Prefer not to answer
	¹☐ Prefer not to answer	94	Do you identify as?
90	Some people are unable to get pregnant, even if they want to. How likely do you think it is that you are		¹ ☐ Pro-Choice
	infertile or would have difficulty getting pregnant?		² □ Pro-Life ³ □ Neither
	¹ ☐ Not at all likely to be infertile		4 □ Both
	² ☐ Somewhat likely		5 ☐ Prefer not to answer
	³ ☐ Likely		
	⁴ ☐ Very likely to be infertile	95	Do you think abortion should be:
	5 Don't know		¹ Legal in all cases
	⁶ ☐ Prefer not to answer		² ☐ Legal in most cases
			³ ☐ Illegal in most cases
			4 ☐ Illegal in all cases
			⁵ □ Don't Know ⁶ □ Prefer not to answer
			Tieler hot to answer

Thank You

Thank you very much for participating in this survey. The information you provided will be used to help improve women's health in your state.

Other interested participants
Are there any other women between 18-44 in your household who we could contact to participate in this study? 1 ☐ Yes 2 ☐ No
If yes, please provide their contact information below.
First woman name: Email:
Second woman name: Email:
☐ I do not wish to provide their contact information
Incentive
If you were eligible and completed this survey, we will be sending you a \$10 Amazon, Target, or Walmart gift code. Which gift code would you prefer? <i>Please check only one</i> .
□ Amazon □ Target □ Walmart
Would you like us to email or mail the above gift code number to you?
□ Mail Only □ Email Only
If you selected for us to mail the gift code to you, please provide an updated address if the one we mailed to is incorrect.
Address 1:
Address 2:
City: State: Zip
Email:

MAILING INSTRUCTIONS

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

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

If you would like more information about the study, please call 1-877-396-4064 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.

INSTRUCCIONES PARA EL ENVÍO

Por favor coloque el cuestionario completado en el sobre que tiene el timbre postal pagado. Si el sobre se extravió, por favor envíe el cuestionario a:

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

	J
si usted tiene alguna pregunta sobre esta encuesta o le gustaría compartir cualquier otra información acerca de sus Experiencias usando anticonceptivos, por favor escriba en el cuadro de abajo.	
vomenshealth@norc.org. Si usted tiene preguntas sobre sus derechos como participante de la encuesta, puede llamar l'Administrador de la Junta de Revisión Institucional de NORC (llamada gratuita) al 1-866-309-0542.	٨
i desea obtener más información sobre el estudio, por favor llame al 1-877-396-4064 o envíe un correo electrónico a	3
	•

Gracias

Gracias por su participación en esta encuesta. La información que usted ha proporcionado será utilizada para mejorar la salud de las mujeres en su estado.

Correo electrónico:
Ciudad: Estado: Código postal
Dirección 2:
Dirección 1:
Si eligió que le mandemos un código de regalo a usted, por favor proporcione un correo actualizado si el correo al que le mandamos este cuestionario es incorrecto.
Sólo por correo electrónico ☐ Sólo por correo
¿Desea usted que le enviemos el código de regalo por correo electrónico o por correo postal?
☐ Amazon ☐ Target ☐ Walmart
Si era elegible y completó esta encuesta, le enviaremos un código de regalo de Amazon, Target o Walmart de \$10. ¿Qué código de regalo que usted prefiere? Por favor marque solo uno.
Incentivo
□ No quiero proporcionar sus datos de contactor
Correo electrónico de la segunda mujer:
Nombre de la segunda mujer:
Correo electrónico de la primera mujer:
Nombre de la primera mujer:
. Nos podría dar el/los nombre(s) y correo(s) electrónico(s) de esta(s) mujer(es) en su hogar?
ON □ z !S □ ι
¿Hay alguna(s) mujer(es) entre 18 y 44 años en su hogar a quien(es) podríamos contactar para participar en este studio? □
Otros participantes interesados

4 ☐ llegal en todos los casos 5 ☐ No sé 6 ☐ Prefiero no contestar	Scuál de las siguientes se acerca más a su punto de vista sobre el aborto intencional (aborto inducido)? ↑ □ Tener un aborto intencional (aborto intencional (aborto intencional (aborto intencional (aborto intencional (aborto inducido) yo misma, pero no creo que el gobierno deba impedir que una mujer tome esa decisión por sí misma impedir que una mujer tome esa decisión por sí misma 3 □ Tener un aborto intencional (aborto inducido) está mal 4 □ Prefiero no contestar
² ☐ legal en la mayoría de los casos	Prefiero no contestar
¹ ☐ Legal en todos los casos	e ☐ Totalmente en desacuerdo
Piensa Ud. que el aborto debe ser:	t ☐ En desacuerdo
Dispersella rura al aborto debe com	² ☐ De acuerdo 3 ☐ Ni de acuerdo ni en desacuerdo
5 ☐ Prefiero no contestar	¹ ☐ Totalmente de acuerdo
sbiV-o₁da □ S ∏ Pro-Vida sob sol eb onuguiV □ ^{\$} □ Ambos	Winguna mujer debe temer ser detenida o ir a la cárcel por haber obtenido un aborto intencional/inducido.
94 Se identifica usted como? Pro-elección (Pro-Choice)	Tenemos algunas preguntas finales relacionadas con el aborto. Por favor considere sus propios pensamientos, opiniones y experiencias al responder.
YON I.	
	En toda su vida, ¿cuántos bebés tuvo que nacieron vivos?
	Prefiero no contestar
	5 ☐ Muy descontenta de estar embarazada
	4 🗆 Descontenta de estar embarazada
_	³ ☐ Ni feliz ni descontenta
s ☐ Prefiero no contestar	² ☐ Feliz de estar embarazada
ON □ z	¹ ☐ Muy feliz de estar embarazada
!S □ ι	de su nuevo bebé? ¿Estaba usted
(o estéril)?	88 Sépararadas edetaba que estaba embarazada
Plguna vez ha sido diagnosticada como infértil	
Prefiero no contestar	Prefiero no contestar
g No Sé	momento ni nunca 5 ☐ Yo no estaba segura de lo que
h Muy probable que sea infértil tale que sea infértil	⁴ ☐ Yo no hubiera querido quedar embarazada ni en ese
3 ☐ Algo probable	³ ☐ Yo hubiera querido quedar embarazada en ese momento
² □ Probable	² ☐ Yo hubiera querido quedar embarazada más pronto
linértil No es probable que sea infértil □ l	o) abrist sada mas tarde (o después) después) después
Angunas personas no pueden quedar embarasadas, aunque así lo deseen. ¿Qué tan probable es que usted sea infértil o tenga dificultades para quedar embarasada?	embarazada de su nuevo bebé, Scómo se sentió al quedar embarazada?

SECCIÓN H. SECAS ANTERIORES

Las siguientes preguntas tienen que ver con lo que piensa y siente de la posibilidad de quedar embarazada durante los próximos tres meses o tener un bebé en el próximo año. Sabemos que las mujeres tienen diversos pensamientos y sentimientos acerca del embarazo y que éstos pueden cambiar con el tiempo. Por favor, recuérdese que no hay respuestas correctas ni incorrectas. Para cada prequnta, escoia la respuesta que más corresponda a lo que piensa y siente en este momento de su vida.

] Sí] No → Vaya a la pregunta 89 en la pagina 18	
						Fa tenido un parto (o dado a lus) en los últimos 12 meses?	
						Second 66 comities on me (a chart a) often an object of	
9	g	□Þ	Ε	⊒ z			.i
9	2	□Þ	□ε [⊒z		Si tuviera un bebé en el próximo año, sería difícil arreglármelas para criarlo.	Ч
9	2	\Box $ to$	Ε	⊒z		Perdería algo de mi libertad si tuviera un bebé el próximo año.	6
<u></u> 9	g	\Box $ to$	_ε	⊒z		Al pensar en tener un bebé el próximo año me hace sentir estresada.	.Ì
<u></u> 9	_ g	□Þ	_ε	z		Al pensar en tener un bebé el próximo año me hace sonreír.	ә
<u></u> 9	G	□Þ	3	2		vida. . Sería el fin del mundo para mí tener un bebé el próximo año.	p
9	g	□ŧ	□ε [⊒z	□¹ im	vida. . Tener un bebé en el próximo año sería un cambio positivo para l	၁
<u></u> 9	g	\Box $ to$	□ε	z		Tener un bebé en el próximo año sería algo muy malo para mi	
contestar 6	on langesan o	□þ mianapsan on	lerdo desacuer s⊡	⊒z no ne acc	lanap an	. Quiero tener un bebé en el próximo año.	В
Prefiero no	Fotalmente en en	u¬	acuerdo na in ensecco		emistoT		
			9b iM				
						פוונוון כחון ובאברנה ע נפוופו חון חבחבי	9
						as siguientes antriaciones se reiacionan con los pensamiento róximo año. Incluso si no cree que pueda tener un bebé por ra entiría con respecto a tener un bebé.	ıd
							ıd
						róximo año. Incluso si no cree que pueda tener un bebé por ra	ıd
						quien tuvo relaciones sexuales.) as siguientes afirmaciones se relacionan con los pensamiento róximo año. Incluso si no cree que pueda tener un bebé por ra	ıd
						pareja romántica, por favor piense en la última persona con quien tuvo relaciones sexuales.) as siguientes afirmaciones se relacionan con los pensamiento réximo año. Incluso si no cree que pueda tener un bebé por ra	ıd
el	e jaga un	a de tener	— Sobre la ide	sofneim	iigu əs λ s	principal. (Las preguntas sobre su pareja principal se refleren a la pareja romántica que le sea más seria. Si no tiene una pareja romántica, por favor piense en la última persona con quien tuvo relaciones sexuales.) as siguientes afirmaciones se relacionan con los pensamiento réximo año. Incluso si no cree que pueda tener un bebé por ra	ıd ?⊐
						a la pareja romántica que le sea más seria. Si no tiene una pareja romántica, por favor piense en la última persona con quien tuvo relaciones sexuales.) as siguientes afirmaciones se relacionan con los pensamiento réximo año. Incluso si no cree que pueda tener un bebé por ra	ıd ?⊐
el	e jaga un	a de tener	— Sobre la ide	sofneim	iigu əs λ s	Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir emocionada. Quedar embarazada me haría sentir más unida a mi pareja principal. (Las preguntas sobre su pareja principal se refleren a la pareja romántica, por favor piense en la última persona con pareja romántica, por favor piense en la última persona con quien tuvo relaciones sexuales.) as siguientes afirmaciones sexuales.)	ıd ⊤
el	nu BEBĘ 6	.a de tener	− 3□ Sobre la ide	□s sofneim	□ι	Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir infeliz. Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir emocionada. Quedar embarazada me haría sentir más unida a mi pareja principal. (Las preguntas sobre su pareja principal se refleren a la pareja romántica, por favor piense en la última persona con pareja romántica, por favor piense en la última persona con quien tuvo relaciones sexuales.)	ed P
	nu BEBĘ 6 e□ e□	de tener	3⊟ Sobre la ide	□s □s sofneim	□ı □ı	Para mí, sería algo bueno quedar embarazada en los próximos 3 meses. Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir infeliz. Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir emocionada. Quedar embarazada me haría sentir más unida a mi pareja principal. (Las preguntas sobre su pareja principal se refleren a la pareja romántica, por favor piense en la última persona con pareja romántica, por favor piense en la última persona con quien tuvo relaciones sexuales.)	ed P P P
	nu BEBĘ 6	de fener	= 3 - - - - - -	ar a	□ı □ı	meses. Para mí, sería algo bueno quedar embarazada en los próximos 3 meses. Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir infeliz. Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir emocionada. Al pensar en la posibilidad de quedar embarazada en los principal. (Las preguntas sobre su pareja principal se refleren a la pareja romántica, por favor piense en la última persona con pareja romántica, por favor piense en la última persona con quien tuvo relaciones sexuales.) as siguientes afirmaciones sexuales.)	ed F7 F9 P
	en BEBÉ e	□	acuerdo ni en desacuerdo 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	ar Sz	□ k	No me desagradaría quedar embarazada en los próximos 3 meses. Para mí, sería algo bueno quedar embarazada en los próximos 3 meses. Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir infeliz. Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir emocionada. Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir emocionada. Quedar embarazada me haría sentir más unida a mi pareja principal. (Las preguntas sobre su pareja principal se refieren a la pareja romántica que le sea más seria. Si no tiene una pareja romántica que le sea más seria. Si no tiene una pareja romántica ser favor piense en la última persona con quien tuvo relaciones sexuales.)	ed F7 F9 P
e e e e e e e e e e e e e e e e e e e	eesacuerdo	desacuerdo de tener	desacuerdo	acuerdo	s A seutin	No me desagradaría quedar embarazada en los próximos 3 meses. Para mí, sería algo bueno quedar embarazada en los próximos 3 meses. Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir infeliz. Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir emocionada. Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir emocionada. Quedar embarazada me haría sentir más unida a mi pareja principal. (Las preguntas sobre su pareja principal se refieren a la pareja romántica que le sea más seria. Si no tiene una pareja romántica que le sea más seria. Si no tiene una pareja romántica ser favor piense en la última persona con quien tuvo relaciones sexuales.)	ed F7 F9 P
Prefiero no confestar e e e e e e e e e e e e e e e e e e e	Totalmente en desacuerdo 5 5 5 6 5 6 5 6 6 6	En de tener	Ni de acuerdo ni en desacuerdo 3	De scuerdo The sc	Totalmente	nagine cómo se sentiria con respecto a quedar embarazada. No me desagradaría quedar embarazada en los próximos 3 meses. Para mí, sería algo bueno quedar embarazada en los próximos 3 meses. Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir infeliz. Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir emocionada. Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir emocionada. Quedar embarazada me haría sentir más unida a mi pareja principal. (Las preguntas sobre su pareja principal se refleren a la pareja romántica que le sea más sería. Si no tiene una pareja romántica, por favor piense en la última persona con quien tuvo relaciones sexuales.)	ni Po Bo Bo Bo Bo Bo Bo Bo Bo Bo Bo Bo Bo Bo
Prefiero no confestar e e e e e e e e e e e e e e e e e e e	reja, por fa Totalmente en desacuerdo 5 5 5 5 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6	the feneral sa de teneral sa d	Ni de acuerdo ni en desacuerdo 3 = 3 = 3 = 3 = 3 = 3 = 3 = 3 = 3 = 3	De acuerdo To acuerdo To acuerdo To acuerdo To acuerdo To acuerdo To acuerdo	embaraza	No me desagradaría quedar embarazada en los próximos 3 meses. Para mí, sería algo bueno quedar embarazada en los próximos 3 meses. Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir infeliz. Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir emocionada. Pucar embarazada me haría sentir más unida a mi pareja principal. (Las preguntas sobre su pareja principal se refieren principal. (Las preguntas sobre su pareja principal se refieren a la pareja romántica que le sea más senta. Si no tiene una pareja romántica, por favor piense en la última persona con quien tuvo relaciones sexuales.)	ein E d d d e

Jι

3 ☐ Prefiero no contestar → Vaya a la pregunta 89 en la pagina 18

	7 ☐ Prefiero no contestar
	ès oM □ ⁸
	g
	↑ Menos de la mitad de las veces
	² ☐ Más de la mitad de las veces ³ ⊡ Más o menos la mitad de las veces
Rrefiero no contestar	↑ ☐ Cada vez que tuve relaciones sexuales
ès oN □ ⁷	
Ouiero tener uno, pero no sé cuando \square^{δ}	pene-vaginal o relaciones sexuales que pueden conducir al embarazo?
5 ☐ Quiero tener uno en 5 años o más	uso Ud. un método anticonceptivo cuando tuvo sexo
⁴ ☐ Quiero tener uno en más de dos años pero en menos de Casa de Gara de Gara de Gara de Casa de Ca	Pensando en los últimos 3 meses, ¿con qué frecuencia
sons	
S eb sonem ne oreg oñs nu eb sâm ne onu renet oreivez \square^{ϵ}	6 ☐ Prefiero no contestar
de ahora	relaciones sexuales que pueden llevar al embarazo en los últimos 3 meses — Vaya a la pregunta 80
¹ ☐ No quiero tener uno ² ☐ Yo quisiera tener un hijo en menos de 12 meses a partir	$_{\rm 5}$ \square No tuve relaciones sexuales entre el pene y la vagina o
	the may vez al mes
Solut opina sobre tener un hijo ahora o en el futuro?	
	2 ☐ Unas pocas veces al mes
ondy introduction of the start	sèm o snemes vez por senu etnemixondA □ ¹
4 ☐ Algo improbable 5 ☐ Muy improbable	sexo, nos referimos a un pene insertado en la vagina.
³	Pensando en los últimos 3 meses, ¿con qué frecuencia tuvo usted relaciones sexuales con un hombre? Por
² ☐ Algo probable	. ,,
₁ ☐ Muy probable	18 ☐ Prefiero no contestar
mėtodo en los próximos 3 meses.	
díganos qué tan probable es que comience a usar un	/
meses es? Si actualmente no está usando un método,	de order operation (especifique):
S3 SDiría que cambiar su actual método anticonceptivo y usar otro método anticonceptivo en los próximos 3	hemos sometido a una esterilización tubárica, vasectomía u otra operación)
	son) selrière estériles (nos
pregunta 86 en la pagina 17.	15 ☐ No estoy segura
Si se ha sometido a ligadura de trompas o Essure, vaya a la	14 ☐ Me preocupa que las personas de mi comunidad sepan que estoy usando anticonceptivos
e ☐ Prefiero no contestar	13 Mi pareja no quiere usar este método anticonceptivo
5	12 Estoy tratando de quedar embarazada
posin importancia □ *	11 Tengo una cita programada, pero aún no he ido
³ ☐ Irrelevante	र्गात ट्रांच
elnstroqmi oglA □²	10 ☐ Mi proveedor de cuidado de salud me sugirió que usara
¹ ☐ Muy importante	⁹ ☐ No confío en dar mi información personal al personal médico
embarazada ahora?	usar un método anticonceptivo
18 SQué tan importante es para usted EVITAR quedar	
	de mi médico, clínica o farmacia.
Prefiero no contestar	quiero. √ ☐ El método que deseo no está disponible en el consultorio
□ Muy insatisfecho	⁶ ☐ No sé dónde puedo obtener el método anticonceptivo que
☐ Vn poco insatisfecho	puedo tomarme tiempo libre del trabajo)
² ☐ Algo satisfecha ³ ☐ Ni satisfecho ni insatisfecho	5 ☐ Es muy difficil llegar (sin transporte o cuidado de niños, no
¹ ☐ Muy satisfecha	Los copagos / deducibles del seguro son demasiado altos Los copagos / deducibles del seguro son demasiado altos
	2 \Box Mo tengo seguro de salud 3 \Box Mi seguro de salud no lo cubre
describa que tan satisfecha está con el método que usa más frecuentemente.	hules ab onnas oppet oN □ ¹
ningún método. Si utiliza más de un método por favor	
método(s) anticonceptivo(s)? Si no usó ningún método, diganos cuán satisfecho está con el hecho de no usar	actualmente no está usando el método anticonceptivo que desea usar?
80 (oué tan satisfecha está usted con su (o sus)	

	4 ☐ Prefiero no contestar
	ès oN □ε
	oN □²
	JS □ ι
17 ∏ No sé ™ Prefiero no contestar	vez que tuvo relaciones sexuales con un hombre?
pregunta 78 en la pagina 16	Si respondió que sí, ¿usó usted este método la última
16 ☐ Yo preferiría no utilizar ningún método	Prefiero no contestar
	ON □z
ned O o o o o o o o o o o o o o o o o o o	L¹ ☐ Sí, por favor describa:
া ⁴ ⊡ Anticoncepción de emergencia (también conocida como la píldora del día después, Plan B® o ella®)	opotati opo
planificación familiar)	Otro método
temperatura corporal basal, métodos naturales de	4 ☐ Prefiero no contestar
ejemplo, método de calendario / ritmo, CycleBeads®,	9S ON □€
12 DIU (Mirena®, Paragard®, Skyla®, Liletta®, o Kyleena®) 13 Métodos basados en la conciencia de fertilidad (por	ON □z
11 ☐ Implante (Implanon® o Mexplanon®) 12 ☐ DILL (Mirena® Paragard® Skyla® Lifetta® o Kyleena®)	!S □ ι
10 ☐ Condones femeninos	vez que tuvo relaciones sexuales con un hombre?
llamado "inyección")	Si respondió que sí, ¿usó usted este método la última
⁹ ☐ Inyecciones anticonceptivas (Depo-Provera®, también	3 ☐ Prefiero no contestar
(otto o ®priЯsvuИ) Isnigsv ollinA □ 8	oN □²
☐ Parche anticonceptivo (en la piel)	!S □ ₊ ■
soniluossm asaculinos □ 8	pareja sexual)
5 ☐ Pastillas anticonceptivas	Operación masculina (esterilización o vasectomía de la
, ☐ Retirada ("sacarlo")	
³ ∐ Vasectomía de pareja (también conocida como esterilización masculina)	4 ☐ Prefiero no contestar
le impide quedar embarazada)	ès oN □€
2 Ligadura de trompas ("tubos atados" u otra operación que	ON □ Z
Pregunta 78 en la pagina 18	IS □ t
¹ ☐ Estoy usando el método que quiero usar → Vaya a la	Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?
todos los que apliquen.	³□ Prefiero no contestar
Si usted pudiera usar cualquier método anticonceptivo que quisiera, ¿qué método(s) usaría? Por favor marque	91 oN □ z
	!s □, □
Prefiero no contestar	dia después, también conocida como "Plan B"® o Ella®)
5 🗆 Totalmente fuera de su control	La pildora anticonceptiva de emergencia (la pildora del
4 ☐ Algo fuera de su control	
$^3\Box$ Ni bajo su control ni fuera de su control	4 ☐ Prefiero no contestar
lontroo bajo bajo Su Control	ès oN □ε
lontroo bajo su control □ ¹	oN □ ²
método anticonceptivo actual estuvo:	JS□ι
	vez que tuvo relaciones sexuales con un hombre?
	Si respondió que sí, ¿usó usted este método la última
e ☐ Prefiero no contestar	Prefiero no contestar
5 ☐ Completamente dudosa	0N □ z
tacobus m decombas m	_, _ S!
² ☐ Algo segura ³ ☐ Ni segura ni dudosa	pasal del cuerpo).
¹ ☐ Completamente segura	Los métodos de planificación familiar natural (también llamado calendario / método del ritmo, temperatura
	7,1 7,1 7,1 1,1 1,1 1,1 1,1 1,1 1,1 1,1
estado utilizando sus métodos anticonceptivos correctamente durante los últimos 3 meses?	due apliquen.
	¿Qué tipo(s) de método(s) anticonceptivo está usted utilizando actualmente? Por favor marque todos los

¿Qué tipo(s) de método(s) anticonceptivo está usted utilizando actualmente? Por favor marque todos los

_	
4 ☐ Prefiero no contestar	
s ON □ Sé	
oN □s	
JS □ ı	
vez que tuvo relaciones sexuales con un hombre?	
Si respondió que sí, ¿usó usted este método la última	1
3 ☐ Prefiero no contestar	
oN □s	
!S □ ı - 	
anticonceptiva, capuchón cervical, condón femenino)	
	69
7 127 11 1 7711	
refiero no contestar	
9s oN □ ^ε	
oN □ ^z	
!S □ ι	
vez que tuvo relaciones sexuales con un hombre?	Prefiero no contestar
Si respondió que sí, ¿usó usted este método la última	-
·	Mucha □
Prefiero no contestar	Bastante □ ^ε
oN □ ²	ogIA □²
!S □ ₊ 	0009 □ ¹
CONTROLLES INTESCRITIOS O PLESEI VALIVOS	
Condones masculinos o preservativos	sintió la presión de un proveedor médico para usar un DU. ¿ cuánta presión sintió?
	Si respondió que sí, Pensando en la última vez que
Prefiero no contestar	3 ☐ Prefiero no contestar
Mucha □	
³ ☐ Bastante	oN □ z
ogIA 🗆 🖁	!S □ ,
oɔo9 □ ¹̈́	absoluto?
	hubiera preferido usar otro método o ningún método en
sintió la presión de un proveedor médico para usar un implante ¿cuánta presión sintió?	de un proveedor médico para usar un DIU cuando
Si respondió que sí, Pensando en la última vez que	Si respondió que no, ¿Alguna vez ha sentido la presión
`	Prefiero no contestar
Prefiero no contestar	г Мисћа
oN □z	⁴ ☐ Bastante
!S □ ₁	oglA □ε
absoluto?	2 ☐ Poco
hubiera preferido usar otro método o ningún método en	
de un proveedor médico para usar un implante cuando	snugniN □ ¹
Si respondió que no, ¿Alguna vez ha sentido la presión	un proveedor médico para que le insertaran el DIU?
Prefiero no contestar	Si respondió que sí, ¿Cuánta presión sintió por parte de
е□ Мисћа	Prefiero no contestar
Pastante □ 4	₂ ∏ Kyleena®
oglA □ ^ε	[®] Liletta
	I Skyld
≥ ☐ Poca	3 ☐ SKỳla® - □ Falayaru
¹ ☐ Vinguna □ ² ☐ Poca	[®] Daragard®
proveedor médico para que le insertaran el implante? ¹ ☐ Winguna ² ☐ Poca	° ☐ Mirena® □ Paragard®
¹ ☐ Vinguna □ ² ☐ Poca	[®] Daragard®
Fi respondió que sí, ¿Cuánta presión sintió de un proveedor médico para que le insertaran el implante? ↑ ☐ Winguna □ □ Poca	° ☐ Mirena® □ Paragard®
3 ☐ Preflero no contestar Si respondió que sí, ¿Cuánta presión sintió de un proveedor médico para que le insertaran el implante? ↑ ☐ Winguna 2 ☐ Poca	3 ☐ Prefiero no contestar ● Si respondió que sí, ¿qué DIU usa actualmente? 1 ☐ Mirena® 2 ☐ Paragard®
≥ □ No 3 □ Prefilero no confestar 5 I respondió que sí, ¿Cuánta presión sintió de un proveedor médico para que le insertaran el implante? 1 □ Ninguna 2 □ Poca	o No 3 ☐ Prefiero no contestar 3 ☐ Prefiero no contestar 4 ☐ Mirena® 1 ☐ Mirena®
3 ☐ Preflero no contestar Si respondió que sí, ¿Cuánta presión sintió de un proveedor médico para que le insertaran el implante? ↑ ☐ Winguna 2 ☐ Poca	3 ☐ Prefiero no contestar ● Si respondió que sí, ¿qué DIU usa actualmente? 1 ☐ Mirena® 2 ☐ Paragard®

método anticonceptivo? Por favor marque todos los que

¿Cuáles son las razones por las que no usa ningún

SI incluso si está tomando pastillas anticonceptivas por una

Píldoras (o pastillas) anticonceptivas. Por favor marque

eL.

					T☐ Prefiero no contestar
					9\$ ON _ 9
					□ Semme han revertido la operación
					↑ Definitivamente no
					3 ☐ Probablemente no
		. 6.4			Seminiarum
מ מו בווומ		. еиівед ы ь ьуьу 🚛	1812911	loo on orefferd —	r □ Definitivamente sí
				SYA TO SYA	tubárica pudiera ser revertida de manera segura,
				nétodos antico	
o opo	tèm nùgli	ទ ទវព១៣៤១វះ	zando ac	ilitu beteu åte∃.	
					Mes: Año: Sé
	LIVOS	ONCEb.	JUTIC	DE 1	1.097
٦	AUTO,	A OSU .	ION G	SECC	
					tubárica o la operación Essure? Si no puede recordarlo exactamente, por favor, dé su mejor estimación.
				_	Fu due mes y ano se realizo la esterilizacion
			ntestar	oo on orefiero no coi	8
•	ı nıu6ndı	01 110 00 PN I	ford non	oN	I C PILINDAID PLP PAPA — IPISAILIOS OLI OIALIALA L. L.
9	t eninen e	sl n a 88 etnu	nera el e	evev ← ìs □	3 ☐ No ← oV ☐ 5
				Setualmente?	
	arazada	anedar emb	ap opue	.Está usted trat	
			1000001		' Sí, "ligadura de trompas" o "Essure"
			ntestar	Prefiero no coi	Sepezeaequo aepono
,	ו אמאווומ ו	מוונמ סס בוו ופ	fald pl p	Si → Vaya No	
					espiral en las trompas de Falopio; este método
	5e	actualment	serazada	lmə bəteu ste∃.	mujeres se esterilizan introduciendo un pequeño
			אווומ ום:	ied ej uə 92 ejunl	femenina como la esterilización tubárica (también preg llamada "ligadura de trompas"), "Essure" (algunas
१ ७ ७ १७	v ,esure, v	e trompas o		ı a obitəmos ah ə eq el qə ƏZ etqur	unionalii con on iloioniodo nun n onioniloo nii oo?
□ g	□Þ	⊒ε	Z		r. Nadie puede notar que estoy usando el método
2	□Þ	3	Z		 q. Tengo control sobre cuándo y si usar el método
 g	□Þ	⊒ε	Z		p. Soy responsable de usar el método y no mi pareja sexual
_ g	□Þ	⊒ε	Z		o. El método es muy eficaz para prevenir el embarazo
□g	\Box_{t}	3	z		n. El método no cambia mis períodos menstruales
g	\Box \forall	3	Z	□ı	m. El método protege contra las infecciones de transmisión sexual
g	\Box $ to$	3	Z	□ı	I. El método tiene un beneficio para la salud
□g	\Box $ to$	3	Z	□ı	k. El método no perjudica el disfrute sexual de mi pareja
□g	\Box $ to$	3	Z	□ı	j. El método no me quita el disfrute sexual
□g	\Box_{t}	3	г		i. El método tiene pocos o ningún efecto secundario
 9	\Box \forall	3	Z	□ı	h. Puedo conseguirlo sin ver a un médico o sin ir a una clínica
g	\Box \forall	3	Z		g. El método es fácil de conseguir para mí
G	\Box $ to$	3	z	□ı	f. Utilizo el método sólo cuando voy a tener relaciones sexuales
П.	П.	П.		□.	e. No tengo que acordarme de usar el método cada vez que tengo
□ g	□t □.	□ε □•		□ .	d. El método es fácil de usar Allo tendo que acordarme de usar el mátodo cada vez que tengo
□g □g	□♭ □₊	□ε □°	□z □-	□ı □ı	c. El método es asequible
g	□Þ	3	2		slasu Aldimass sa obotám 13
□g	□Þ	□ε	□z		b. Puedo quedar embarazada inmediatamente después de dejar de
					momento
contestar	9s oN ₽	absoluto 3	oglA □s	Extremadamente	a. Puedo dejar de usar el método anticonceptivo en cualquier
Prefiero no	70 0 N	na sbsN	2210		
					anticonceptivo utilizar?
	obotèm	decidir qué	pora de	acterísticas a la	SQué importancia tiene para usted cada una de las siguientes car

anticonceptivo d. Me dio suficiente información para tomar la mejor decisión sobre mi método anticonceptivo e. Mantener la información sobre mí y mi cuidado privado f. Tener traducción disponible cuando la quiero / la necesito f.	□ ι □ ι	□z □z □z	□ε □ε	□p □p	□g □g □g	□9 □9	
 a. Me respetó como persona b. Me permitió hablar sobre lo que me importaba de mi método anticonceptivo c. Tomó con seriedad mis preferencias de método 	Insatisfactorio	Regular, ≥□ ≥□	3☐ 3☐ Breuo	Muy d□ d□	Excelente	ès oN	Prefiero no contestar
Por favor califique al proveedor de atención médica que usted v respecto a las siguientes cualidades.	ı skm oiv be	mətnəice	ente par	a el cont	rol de la	oilatan	uoo pe
1 Si No 3 □ Prefiero no contestar Si ha no recibido alguno de los servicios en pregunta 51 de un doctor u 12 meses, vaya a la pregunta 53 en la pagina 12. De lo contrario, conti	a. Le l mér b. Le l exa uso c. Ha info anti d. Le l enfe pre: pre: pre: pre: pre: pre: pre: pre	nan dado antico dan hecho antico antico antico commenta u cimo antico an	o recetadon conceptivo de conceptivo de conceptivo anti- todo anti	o algún neo o conceptiv o métodos na que a si quier as i quier nrante el	.e ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	IIIII SOI	
Tiene usted una o más personas o lugares que usted siención médica?	nəiugis	l aomitlù ivres set nòionete	eios de u	n docto			
Shor cuántos de los últimos 12 meses estuvo usted SIN seguro de salud? Menos de 1 mes a 3 meses a 4 a 6 meses a 12 meses	e No e e No e e Hace g = Eu G 3 Eu G	somitlù s somitlù s o soñs 3 s	1) soñs S 1) soñs Z sèm	sèm əssı	s de 1 añ	o, pero	souəw souəu
STuvo usted seguro de salud durante los últimos 12 meses? 1 Sí T Vaya a la pregunta 49 2 No 3 Prefiero no contestar	e antina o omoo oiooele oiooele	p oʻnàuc nexe our nexe un s nespecifi nicolitino qui	eral, de 1 nen físico cia de un sa.	vtina? U general, a lesión,	upedu due no s enferme	eo de se realiz dad o	

						1
□Þ	3	Z	□ι	attura de salud	h. Actualmente no tengo ningún seguro de salud o plan de cobe	
□Þ	_ε	\Box z		le salud. Especifique:	g. Cualquier Otro tipo de seguro de salud o plan de cobertura d	
□Þ	_ε	Z			f. Servicio de salud indígena	
\Box $ to$	_ε	2			e. TRICARE u otro cuidado de la salud militar, incluyendo el cu	
		□-	П.	er tipo de plan o asistencia discapacidades. Usted puede cia Médica de Maryland,	 d. Medicaid, Asistencia Médica (MA, por sus cifras en inglés), F médico para niños (CHIP, por sus cifras en ingles) o cualquie patrocinada por el estado o gobierno basado en ingresos o c conocer a este tipo de cobertura como Programa de Asistend Maryland Health Choice, o el Programa de Salud Infantil de I 	
∐† □†	□ε □ε	□z □z	□ı □ı		c. Medicare, para las personas mayores de 65 años o persona:	
□ ₹	3	٥لـــا	□ I	- - - - - - - - - -	tales como marylandhealthconnection.gov.	
□t	3	□z	□ι		b. Seguro comprado directamente de una compañía de seguro de la familia). Esto incluiría cobertura adquirida a través de u	
□♭	3	□z		r (por usted u otro miembro	 Seguro por medio del empleador o sindicato actual o anterio de la familia). Esto incluiría la cobertura de COBRA. 	
Prefiero on contestar	às oN	οN	!S			
				tipos de seguro médico?	Está actualmente cubierta por cualquiera de los siguientes	91
				.eviiva.	En la siguiente sección, nos gustaría saber más sobre su salud repr	1
				АVITOUGOЯЧЭЯ С	SECCIÓN F. SALUI	
					Prefiero no contestar	
					9S ON □g	
					³ ☐ ¿Rentada? ↓ ☐ ¿Ocupada sin pago de renta?	
					Propiedad suya o de alguien en este hogar libre de todo gravamen (sin una hipoteca o préstamo)? □ : □certede?	
					hipotecaria.	
				² ☐ Prefiero no contestar	Propiedad suya o de alguien en este hogar con una hipoteca o préstamo? Incluya préstamos con garantía	
				JS □ ı	preguntarle sobre su situación de vivienda actual. La casa, departamento, o casa móbil en la que vive es	
uo	n alrecci	ns ua asc		b o obnėiviv obstado v actual por más de 2 mes	Para el siguiente grupo de preguntas, me gustaría	ŀ
uy	ooonib i	.0 40 000	, paýpon	a a abaaiviy abataa allı	²☐ Prefiero no contestar	
				5 ☐ Prefiero no contestar	9s oN □¹	
				L No, yo vivía en una cas Estados Unidos	Horas por semana	
		tamento	es o abau	² Mo, yo vivia en otra cas	Durante los ÚLTIMOS 12 MESES, ¿cuántas horas trabajó cada SEMANA en general?	0
				1 Si ← Vaya a la preg	²☐ Prefiero no contestar	
	Sons l	to hace	ឧដុទយទប	Vivía en esta casa o ap		
				² ☐ Prefiero no contestar	 	
				SOUTH OF SIGNATURE SIGNAT	pien.	
				soñin eb oramùM	los últimos 12 meses? Por favor reporte la cantidad que usted gana antes de impuestos. Su mejor estimación está	
uə uə	viv babe	əp sour	8 l ab s	S. Cuántos niños menore su hogar?		6
					³☐ Prefiero no contestar ← Vaya a la pregunta 40	
				≥ □ Prefiero no contestar	oN □²	
			uss	Múmero de perso. 1 □ No sé		
				quedan en esta direcció	misma. Durante los últimos 12 MESES, ¿recibió algún ingreso de sueldos, salarios, comisiones, bonos o propinas?	
99	o navi	keouse /		Incluyéndose a Ud., ¿cu		Ω

		1
	³☐ Prefiero no contestar	
	oN □ ²	
	!S □ ı	
	universiťaria.	
15 ☐ Prefiero no contestar	o a un título profesional más alto que una licenciatura	
ės oV □⁴ſ	un diploma de escuela secundaria o un título universitario,	
sàm o dólares o más □ 81 50,000 dólares	universidad? Incluya sólo instituciones que conducen a	
12 ☐ Entre \$100,000 y menos de \$150,000 dólares	En cualquier momento DURANTE LOS ÚLTIMOS 3 MESES, ¿ha estudiado usted en una escuela o	ν ε
11 ☐ Entre \$75,000 y menos de \$100,000 dólares	20MIT II) 20 L 3TM AGILD otgomom spinplens g3	76
10 ☐ Entre \$60,000 y menos de \$75,000 dólares		١
⁹ ☐ Entre \$50,000 y menos de \$60,000 dólares	Prefiero no contestar	
	9s oN □ ³	
Entre \$40,000 y menos de \$50,000 dólares	seoo sijO □ 4	
T Εntre \$35,000 y menos de \$40,000 dólares	lsuxexial □ 8	
6 \square Entre \$30,000 y menos de \$35,000 dólares	² ☐ Heterosexual, es decir, no gay o lesbiana	
$_5$ \square Entre \$25,000 y menos de \$30,000 dólares	1 Lesbiana o Gay	
entre \$20,000 y menos de \$25,000 dólares □ ⁴	0 .1 1 1 1 1	
³ ☐ Entre \$15,000 y menos de \$20,000 dólares	Sameim ie eb noiciniteb	
² ☐ Entre \$10,000 y menos de \$15,000 dólares	us nejor adinassi de las siguientes opciones describe mejor su	33
¹ ☐ Menos de \$10,000 dólares		1
los ingresos anuales su hogar fueron:	³ ☐ Prefiero no contestar	١
Value of tuviera algunas categorías? Diría usted que los ingresos anuales su bogar fueron:	o _{N □z}	١
`	 !S	١
Prefiero no contestar	,5 🗆 /	
òs oN □ ' ¬	romántica?	
\$	Actualmente vive Ud. con un cónyuge o pareja	35
		1
durante el año académico.	asteston no contestar □ 8	1
de residencia estudiantil o un apartamento que sólo alquile	s ☐ Nunca he estado casado	١
en este momento, aún cuando se trate de una habitación	4 ☐ Separada	١
es estudiante, incluya los ingresos del hogar donde vive	3 ☐ Divorciada	١
¿aproximadamente cuál fue su ingreso colectivo, antes de los impuestos? Su mejor estimación está bien. Sí	sbui∨ □s	١
ingreso familiar de todas las fuentes en el 2020,	Casada	1
los ingresos de toda la familia. Pensando en su		
En estudios como este, la gente es agrupada según	S Cuál es su estado civil actual?	31
		T
Prefiero no contestar	7 ☐ Prefiero no contestar	1
meses.		
St somitlù sol ne sleusse snu o o[sdstt nu obsjeb ed oM 🗖 ð		١
4 🗌 Me fui por alguna otra razón	6 ☐ Otro, por favor especifique:	١
responsabilidades de cuidado	5 ☐ Nativa de Hawái o de las Islas del Pacifico	١
³ ☐ Tuve que asumir responsabilidades de crianza u otras	4 ☐ India Americana o nativa de Alaska	١
² ☐ Quedé embarazada		١
¹ □ COVID-19 (Coronavirus)	Bonnier	١
(*************************************	S ⊟ Blanca	١
uənbilde.	snsɔinəmA-onfto o srgey □ ¹	
una escuela porque? Por favor marque todos los que	Faza?	
o ojadari nu beteu òjabs, ¿BESES, SOMITLÙ sol na		30
		7
Prefiero no contestar	³☐ Prefiero no contestar	١
al No puede trabajar □ 8		١
sbslidu L □ ⁷	ON □ 2	١
$_{6}$ \Box La persona que se ocupa de las tareas de la casa	!S □ ι	
5 ☐ Ha estado desempleada por menos de 1 año	Se usted de origen hispano, latino, o español?	56
⁴ ☐ Ha estado desempleada por 1 año o más		7
³ ☐ Estudiante	³☐ Prefiero no contestar	
≥ Trabajadora independiente (autoempleada)	race, oddan, etc.) 2 ☐ Fuera de los Estados Unidos	
sbainalaa asalariada □ ¹	↑ ☐ En los Estados Unidos (incluyendo sus territorios: Puerto Rico, Guam, etc.)	
uənbilde əup.	othoria radiativat ana obravillari) aohidi aohetat aol na 🖂	
SEs usted actualmente? Por favor marque todos los	S Sòiosn abnòb n∃.	82

Ahora nos gustaria hacer algunas preguntas con respecto a sus antecedentes. Cuál es el grado más alto o nivel escolar que usted ha completado? '	a. Condón masculino b. DIU (Mirena®, Paragard®, Skyla®, Liletta®, o Kyleena®) c. Implante anticonceptivo (Implanon® o 'I '2 '3 '3 '3 '3 '4) d. Inyecciones anticonceptivas (Depo-Provera®, también se le conoce como "I '2 '3 '3 '3 '4) e. Pildoras (o pastillas) anticonceptivas f. Anillo vaginal (NuvaRing®) f. Anillo vaginal (NuvaRing®) g. Otro método, por favor especifique:
SECCIÓN E. INFORMACIÓN DEMOGRÁFICA	Sabe cómo USTED puede conseguir cualquiera de los siguientes métodos anticonceptivos gratis o a bajo costo? (GRATIS se refiere a que usted no tiene que pagar nada de su bolsillo.)
Escriba un número entre 0-4 ↑ □ No sé □ □ Prefiero no contestar	SECCIÓN D. FUENTES DE INFORMACIÓN SOBRE LA ATENCIÓN MÉDICA
En la siguiente lista de experiencias de salud, scuántas de ellas ha tenido (o experimentado) usted personalmente? No es necesario decir cuáles, solo cuántas - Alguna vez ha utilizado un método anticonceptivo (así anticonceptivas) - Alguna vez ha tenido un aborto (terminó un embarazo a propósito) en los últimos 5 año - Tenido un embarazo ectópico o tubárico en el último año - Tenido un embarazo atérial medida	
Escriba un número entre 0-3 ↑ □ No sé ≥ □ Prefiero no contestar	10 Prefiero no confestar **Cómo fue usted tratada injustamente? Me trataron injustamente me fodos los que apliquen. **Something tratada injustamente fodos los que apliquen. **Todo of the configentation of the folio of the f
En la siguiente lista de experiencias de calumento por los de método anticonceptivo. En la siguiente lista de experiencias de salud, scuántas de ellas ha tenido (o experimentado) usted personalmente? No es necesario decir cuales, solo cuantas. - Alguna vez ha utilizado o tomado un medicamento por lo cual necesitaba una receta médica cual necesitaba una receta médica cual necesitaba una receta médica siguiente por lo siguiente par la fenido una prueba de Papanicolaou por lo siguiente par la fenido una prueba de Papanicolaou siños	2 ☐ Estaba fuera de mi alcance económico 3 ☐ No tenía seguro de salud 4 ☐ Mi seguro médico no cubre el método que quiero. 5 ☐ No pude comunicarme con un médico, una clínica o farmacia por teléfono 6 ☐ Una vez que llegué al médico, a la clínica o a la farmacia, 6 ☐ Una vez que llegué al médico, a la clínica o a la farmacia, 6 ☐ Una vez que llegué al médico, a la clínica o a la farmacia, atendida por algún profesional de salud 2 ☐ Yo no tenía el transporte ni a nadie que me llevara a la 7 ☐ Yo no tenía el transporte ni a nadie que me llevara a la clínica / farmacia 9 ☐ Otro: Por favor especifique: 9 ☐ Otro: Por favor especifique:
Verdadero o Falso: Usted puede comenzar cualquier método anticonceptivo que desee durante una visita al consultorio de una clínica. □ Verdadero	SPor qué se retrasó en conseguir o tuvo problemas para conseguir el método anticonceptivo que usted quería? Por favor marque todos los que apliquen. ↑ □ COVID-19 lo hizo diffoil.

8 eniped	
2 ☐ No → Vaya a la pregunta 24 en la pagina 8 3 ☐ Prefiero no contestar → Vaya a la pregunta 24 en la	4 ☐ Prefiero no contestar
!S □	ès oN □ε
conseguir el método anticonceptivo que quería?	ON
En los últimos 12 meses, ¿por alguna razón, usted se hat u tetrasado en conseguir o ha tenido problemas para	Condones masculinos o preservativos 1 □ Sí
³□ Prefiero no contestar	
oN □ z	² ☐ No 3 ☐ Prefiero no contestar
!S □ ι	!8 □
En los últimos 12 meses, ¿ha necesitado algún método anticonceptivo pero fue demasiado caro?	Si respondió que sí, ¿Alguna vez se sintió presionado por un proveedor médico para conservar el implante que usó por última vez o que sigue usando?
4 ☐ Preflero no contestar	3 ☐ Prefiero no contestar
9S ON □ E	ès oV □²
oN □z	↑ Todavía estoy usando ese implante
	Mes:
¹ ☐ Sí, especifique:	Sen qué mes y año se lo quitaron? Si no puede recordar exactamente, por favor dé su mejor estimación.
Cualquier ofro método no mencionado previamente	Si respondió que sí, Si ya no está usando ese implante,
4 ☐ Preflero no contestar	2 ☐ Preflero no contestar
3 OV Sé	es: Año: Año: bas oN □ t
oN □z	log V
JS □ ı	exactamente, por favor dé su mejor estimación
Operación masculina (esterilización o vasectomía de la pareja sexual)	10 □ Prefiero no contestar Si respondió que sí, ¿En qué mes y año le insertaron el implante por última vez. Si no puede recordarlo
	astestass on sustant Dit
³ ☐ No sé ⁴ ☐ Prefiero no contestar	
oN □s	⁸ ☐ Quiero el control sobre cuándo y si usar el método ⁹ ☐ Alguna otra cosa, por favor especifique:
JS □ L	7 ☐ Mi proveedor no discutió implantes conmigo.
del dis siguiente, también conocida como "Plan B"® o Ella®)	6 ☐ Me preocupa el procedimiento para insertar o extraer el implante
La pildora anticonceptiva de emergencia (la pildora	s ⊟ No me siento cómoda pidiéndole un implante a mi In médico
4 ☐ Preflero no contestar	4 ☐ Para evitar efectos secundarios negativos
ès oV □ €	3 ☐ Debido a mis creencias (religiosas o no)
oN □z	² ☐ No estoy familiarizada con este método anticonceptivo
JS □ ı	que usted nunca ha usado un implante? 1 □ El costo es demasiado alto
pasal del cuerpo).	Sai respondió que no, ¿cuál es la razón principal por la
Los métodos de planificación familiar natural (fambién llamado calendario / método del ritmo, femperatura	4 ☐ Prefiero no contestar
	ès oN □ε
4 ☐ Prefiero no contestar	P S □ NO
9S ON □ε	
ON □z JS □ L	lmplante (Implanon® o Mexplanon®)
capuchón cervical, condón femenino)	sola vez?
	Alguna vez usted <u>ha utilizado</u> alguno de estos métodos anticonceptivos, incluso si ha utilizado el método una

Alguna vez usted <u>ha utilizado</u> alguno de estos métodos anticonceptivos, incluso si ha utilizado el método una sola vez?

DIU (Mirena®, Paragard®, Skyla®, Liletta®, o Kyleena®)

	estar	³□ Prefiero no cont
		oN □²
		!S □ ı
		por última vez o que
ara mantener el DIU que usó	édico p	bor un proveedor m
una vez se sintió presionada		`
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		ès oN □²
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	:oñA	Mes:
		estimación.
tamente, por favor dé su mejor		
no está usando ese DIU, uitaron o se lo expulsaron?	sy i2 ,is	s anp oibnogan is 4
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conoce como la "T de cobre")		
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cuándo y si usar el método		
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(religiosas o no)	encias	³ ☐ Debido a mis cre
on este método anticonceptivo	rizada o	² ☐ No estoy familia
alto	obsiss	məb sə otsoo l∃ □ ¹
ál es la razón principal por la	I DI∩S	a <u>esn ou pațeu</u> leus Cual <u>usted no usa</u> e
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		ès oN □ ^ε
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oN □ s
Inyecciones anticonceptivas (Depo-Provera®, también Ilamado "la inyección")
1 ☐ Sf 2 ☐ No 3 ☐ No sé 4 ☐ Preflero no contestar
(sorio u ®gninsvuM) Isnigsv ollinA
ı □ Si 2 □ No 3 □ No sé 4 □ Prefiero no contestar
Orrche anticonceptivo (Evra® u otro)
1 □ Si 2 □ No 3 □ No sé 4 □ Prefiero no contestar
Pildoras (o pastillas) anticonceptivas Por favor marque SI, incluso si està / estaba tomando pastillas anticonceptivas por razones distintas para prevenir el embarazo.
1 ☐ S; 2 ☐ No 3 ☐ No sé 4 ☐ Prefiero no contestar
Soito interrumpido (también llamado "terminar afuera")
También incluye métodos permanentes como esterilización (tubos atados, histerectomía o vasectomía) y otros métodos que podría usar, incluso si los usa por otras razones que no sean para evitar el embarazo. Selguna vez usted ha utilizado alguno de estos métodos anticonceptivos, incluso si ha utilizado el método una sola vez?
Las siguientes preguntas son sobre el uso de anticonceptivos. El control de la natalidad se reflere a TODOS los diferentes métodos para prevenir el embarazo, incluidos condones, píldoras anticonceptivas, Depo-Provera (la inyección), DIU, implantes y métodos sin receta como extracción o "extracción". Jembién incluye métodos sin receta como extracción o "estracción".
SECCIÓN C. USO DE ANTICONCEPTIVOS EN EL PASADO

4 ☐ Prefiero no contestar

às oN □ [€]

COVID-19 wi metodo anticonceptivo debido al d. No pude obtener, o tardé en obtener, □z □ı reproductiva debido al COVID-19 recibir atención de salud sexual o la visita a mi médico o clínica para .o Tuve que retrasar, cancelar u omitir □z □l un empleo debido a COVID-19 en las horas de trabajo o pérdida de familia experimentó— una reducción dependiente o miembro cercano de la b. Yo experimenté — o una pareja, un □z □l haber contraído COVID-19 diagnosticado con o sospechoso de o miembro cercano de la familia fue-□z □l a. Yo fui —o una pareja, un dependiente 3 contestar ON IS 3 ☐ Prefiero no contestar → Vaya a la pregunta 7 Prefiero 2 ☐ No → Vaya a la pregunta 7 cada evento. Es posible que haya más de una respuesta siguientes maneras? Por favor, responda Sí o No para cualquier razón, pero no pudo obtenerlo? que necesitó cuidado de salud para usted misma, por (coronavirus) le ha afectado de alguna de las En los últimos 12 meses, ¿hubo algún momento en En el año pasado, la pandemia de COVID-19 3 ☐ Prefiero no contestar 13 Prefiero no contester ON 2 !S □ ı 12 Por alguna otra razón, Especifique: especialistas (por ejemplo, ginecólogo, dentista, oculista). bor mi seguro de emergencias, visitas médicas de rutina y visitas a $^{11}\,\square$ No estaba segura de cuánto del cuidado estaría cubierto de atención médica, incluyendo urgencias, visitas a salas orugas seguro □ or atención médica o de salud? Incluya todos los servicios En los últimos 12 meses, ¿ha recibido algún tipo de ⁹ ☐ No tuve tiempo para ir 8 ☐ No tenía transporte [↑] No pude conseguir una cita pronto Prefiero no contestar 6 ☐ No pude llegar allí cuando estaba abierto slaM 🗆 8 $5 \square$ El lugar donde me atendieron estaba demasiado lejos. 4 🗌 Regular ⁴ ☐ Yo no sabía a dónde ir 3 □ Buena ² ☐ Muy Buena 3 Estaba fuera de mi alcance económico COVID-19. ² ☐ El lugar al que suelo ir estaba cerrado por culpa de ¿Diría usted que su estado de salud general es...? ¹ ☐ Me preocupaba la exposición a COVID-19.

SECCIÓN B. SALUD GENERAL

Por favor marque todos los que apliquen.

Secibém noice atención médica?

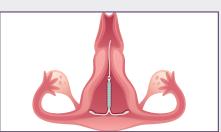
Es importante que recibamos una respuesta de todo hogar seleccionado para este estudio. preguntas en esta página y devuélvanos el folleto en el sobre adjunto. [40TS] Si nadie en su hogar es una mujer (o Transgénero) de 18 a 44 años, responda las dos 5 ☐ Prefiero no contester ⁴ ☐ No me identifico como mujer, hombre ni transgénero ³ ☐ Transgénero 2 ☐ Hombre ¹ ☐ Mujer Sonan género? 10 ☐ Prefiero no contester ès oN □6 sèm o ∂4 □8 *tt*-0*t* □ ∠ 6E-9E ₉ ₽2-08 □ 9 4 □ 52-29 3 □ 20-24 61-81 □s 81 eb soneM □1 → ¿Y si Ud. tuviera algunas categorías? ¿Es su edad... Por favor marque solo uno. 🗖 🗀 Prefiero no contestar :oñA :səM En qué mes γ año nació? SECCIÓN A. Preselección

MÉTODOS ANTICONCEPTIVOS

Los siguentes son sólo algunos de los métodos anticonceptivos que serán mencionados en la encuesta. Por favor reflérase a esta página si usted tiene alguna duda sobre algún métodoanticonceptivo.

DIU (Mirena®, Paragard®, Skyla®, Liletta®, o Kyleena®)

Un DIU (DIU es sinónimo con "dispositivo intrauterino") es un dispositivo anticonceptivo que se inserta en el útero de una mujer.



Algunos DIU como Mirena, Liletta, y Skyla contienen una pequeña cantidad de hormonas que se liberan lentamente durante muchos años (3-6 años dependiendo del DIU) e impiden que una mujer quede embarazada. El DIU Paragard está hecho de cobre, que no contiene ningún tipo de hormonas, y puede impedir que una mujer ningún tipo de hormonas, y puede impedir que una mujer quede embarazada por un máximo de 10 años.

Los métodos de planificación familiar natural (también llamado calendario / método del ritmo, temperatura basal del cuerpo).

por lo tanto se debe evitar tener relaciones sexuales. ella tiene más probabilidades de quedar embarazada y fluidos cervicales cambian y eso señala el tiempo que punto en el mes durante el cual su temperatura y los y el líquido de su cuello uterino todos los días. Hay un que las mujeres hagan un seguimiento de su temperatura de la temperatura basal del cuerpo. Este método requiere naturales de planificación familiar se basan en el método Finalmente, algunas mujeres que utilizan métodos días que son representados por los granos blancos. y ella no debe tener relaciones sexuales durante los embarazada. Cada grano representa cada dia del mes seguimiento de cuando es más probable que quede utilizar los granos de ciclo para ayudarles a hacer un de su ciclo menstrual). Las mujeres también pueden probablemente pueden quedar embarazadas a la mitad, quedar embarazada (las mujeres son más fértiles, y el tiempo que una mujer tiene más probabilidades de no tienen relaciones sexuales pene-vagina durante o el "método del ritmo", que significa que las parejas familiar natural incluyen el "Método del calendario" sin medicación. Algunos métodos de planificación parejas pueden utilizar para prevenir el embarazo comportamientos o estrategias que las mujeres y sus Los métodos de planificación familiar natural incluyen

Parche anticonceptivo (Evra® u otro)

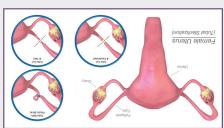


Depo-Provera® (también llamado "la inyección")



Operación femenina (esterilización, ligadura de trompas, Essure®)

Algunas mujeres se esterilizan por medio de la inserción de un pequeño dispositivo dentro de las dentro de las

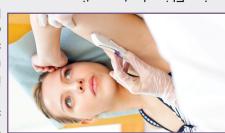


Falopio; este método se llama "Essure®".

Implant (Implanon® o Nexplanon®)

El implante anticonceptivo se llama Nexplanon (la

versión anterior se llamaba Implanon). El implante es una varilla que se inserta en el interior del brazo de una



mujer. El implante contiene una pequeña cantidad de hormonas que se liberan lentamente para evitar que una mujer quede/salga embarazada. El implante es eficaz por un máximode 3 años.

INSTRUCCIONES DE LA ENCUESTA

Por favor marque su respuesta con una "X" utilizando tinta azul o negra, como se muestra en los ejemplos que figuran a continuación.



Las preguntas que le haremos tienen que ver con sus opiniones y su entendimiento acerca de una variedad de temas importantes. Algunos temas pueden ser sensibles para usted, y usted puede negarse a contestar cualquier pregunta para indicar que 'No sabe' o que 'Prefiere no contestar'.

COMIENCE AQUÍ

MORC de la Universidad de Chicago le pide su ayuda con un estudio importante sobre la salud de las mujeres. La información que nos pueda proveer le ayudará a los investigadores comprender mejor los métodos anticonceptivos que utilizan las mujeres y sus opiniones acerca de estos métodos. También le haremos preguntas sobre sus experiencias recibiendo cuidado de salud reproductiva y otras cuestiones sobre su salud y bienestar.

Algunos temas pueden ser delicados para usted y usted puede negarse a responder a cualquier pregunta. La encuesta toma alrededor de 15-20 minutos para completar. Su participación es voluntaria y usted podrá omitir cualquiera de las preguntas. Si Ud.es elegible y completa la encuesta, le ofreceremos un código de regalo adicional de \$10 a su elección de Amazon, Target o Walmart. Si usted tiene preguntas sobre sus derechos como participante de la encuesta antes de iniciar la encuesta, puede llamar al Administrador de la Junta de Revisión Institucional de NORC (llamada grafuita) al 1-866-309-0542.

La información que usted proporcione será utilizada por el equipo de investigación de NORC únicamente para fines estadísticos. Nosotros haremos todo lo posible para proteger la confidencialidad de toda la información a terceros. Sin embargo, nadie puede garantizar la confidencialidad absoluta de los datos que se envían a través del Internet. Los datos que usted proporcione serán almacenados en las computadoras seguras de NORC con protección por contraseña y sólo el personal serán almacenados en las computadoras seguras de NORC con protección por contraseña y sólo el personal autorizado de NORC tendrá acceso a los datos.

Sus opiniones son muy importantes para nosotros, y apreciamos mucho su ayuda.

Si se encuentra con dificultades durante la encuesta, por favor llámenos por línea gratuita al

7907-968-778-1

o mándenos un correo electrónico a

womenshealth@norc.org

Esta encuesta debería ser completada por una mujer del hogar entre las edades de 18-44 años.

¿Quién debería completar el estudio?





Maryland SURVEY OF MAN SURVEY



Who should answer this survey?

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

[SUID]

Version B

SURVEY INSTRUCTIONS

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

Right Way

9399

Wrong Way

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

Researchers at NORC at the University of Chicago are asking for your help with an important study about women's health. The information you provide will help researchers better understand the methods of birth control that women use and how they feel about those methods. We will also ask about your experiences receiving reproductive healthcare and other issues related to your health and well-being.

Some topics may be sensitive for you, and you can decline to answer any question. The survey takes about 15 minutes to complete. Participation is voluntary and you may skip any questions you don't wish to answer. If you are eligible and complete the survey, we will offer you an additional \$10 gift code to your choice of Amazon, Target or Walmart. If you have questions about your rights as a survey participant before starting the survey, you may call the NORC Institutional Review Board Administrator (toll-free) at 1-866-309-0542.

The information you provide will be used by the research team for statistical purposes only. We will do our very best to protect the confidentiality of all the information we collect from you and we will not disclose your information to third parties. However, no one can guarantee complete confidentiality for data sent over the Internet. The data you provide will be stored in secure computers with password protections and only authorized members of the research team will have access to the data.

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

1-877-396-4064

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.

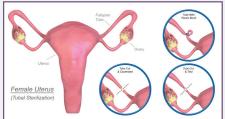
Birth control patch (Evra® or other)



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



Female sterilizing operation



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®".

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.

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 (3-6 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.

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 may 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 her 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 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 B. GENERAL HEALTH	6		Thy didn't you get health care for yourself? lease check all that apply.
3	Would you say that in general your health is? 1 Excellent 2 Very good 3 Good 4 Fair 5 Poor 6 Prefer not to answer In the past 12 months, have you received any medical		2	I was concerned about exposure to COVID-19. The place I usually go was closed because of COVID-19. I couldn't afford it. I didn't know where to go. The place where I got care 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 didn't have insurance.
	care or health care? Please include all medical care including urgent care, ER visits, routine doctor visits, and visits with a specialist (e.g., gynecologist, dentist, eye doctor).			I was unsure about how much of the care would be covered under my insurance. Some other reason why Please specify why:
	² ☐ No ³ ☐ Prefer not to answer		13	Prefer not to answer
5	In the past 12 months, was there any time when you wanted health care for yourself, for any reason, but didn't get it?	7	pa Pi	the past year, has the COVID-19 (coronavirus) andemic affected you in any of the following ways? lease respond Yes or No for each event. More than one ES response is possible.
	¹		a. b.	I, a partner, a dependent or close family member was diagnosed with, or suspected to have contracted, COVID-19 I, a partner, a dependent or close family member experienced a reduction in hours worked or lost a job due to COVID-19 reasons I had to delay, cancel or skip visiting my doctor or clinic for sexual or reproductive health care due to COVID-19 reasons I was unable to get, or delayed in getting, my birth control method due to COVID-19 reasons

SECTION C. PAST BIRTH CONTROL USE

The next few questions are about using birth control. Birth control refers to ALL the different methods for preventing pregnancy, including condoms, birth control pills, Depo-Provera (the shot), IUDs, implants, and non-prescription methods like withdrawal or "pulling out." It also includes permanent methods like sterilization (tubes tied, hysterectomy, or vasectomy) and other methods you might use, even if you used them for reasons other than to prevent pregnancy.

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

	even if you have used the method only once?
	8 Withdrawal (also called "the pull-out method")
	1 Yes 2 No 3 Don't Know 4 Prefer not to answer
	Birth control pills Please mark YES even if you are/were taking birth control pills for reasons other than to prevent pregnancy.
	1 Yes ² No ³ Don't Know ⁴ Prefer not to answer
(Birth control patch (Evra® or other)
	1 ☐ Yes 2 ☐ No 3 ☐ Don't Know 4 ☐ Prefer not to answer
	11 Vaginal ring (Nuvaring® or other)
	1 Yes ² No ³ Don't Know ⁴ 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?

IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®)								
— 1□ Yes								
r ²□ No								
³□ Don't Know								
⁴ ☐ Prefer not to answer								
If no, what is the primary reason you have never used an IUD?								
¹ ☐ The cost is too high								
² ☐ I am not familiar with this birth control method								
³ ☐ Due to my beliefs (religious or otherwise)								
$^4\Box$ To avoid negative side effects								
⁵ I am not comfortable requesting an IUD from my doctor								
⁶ ☐ I am concerned about the procedure for inserting or removing the IUD								
⁷ ☐ My provider did not discuss IUDs with me								
8 I want control over when and whether to use the method								
⁹ ☐ Other, please specify:								
¹⁰ ☐ Prefer not to answer								
If yes, what IUD have you used?								
Please check all that apply.								
¹ ☐ Liletta® (hormonal IUD used for up to 6 years)								
² ☐ Mirena® (hormonal IUD used for up to 5 years)								
³ ☐ Skyla [®] (hormonal IUD used for up to 3 years) ⁴ ☐ Paragard [®] (non-hormonal IUD used for up to 10 years,								
also called the "copper IUD") ⁵ ☐ Kyleena® (hormonal IUD used for up to 5 years)								
6 □ Don't Know								
⁷ ☐ Prefer not to answer								
If yes, in what month and year did you last have an IUD inserted? If you cannot remember exactly, please give your best estimate.								
Month: Year:								
¹☐ Don't Know								
² ☐ Prefer not to answer								
If yes, if you are no longer using that IUD, in what month and year did you have it removed or was it expelled? If you cannot remember exactly, please give your best estimate.								
Month: Year:								
¹ ☐ I am still using that IUD								
² ☐ Don't Know								
³ ☐ Prefer not to answer								
If yes, did you ever feel pressured by a medical provider to keep in the IUD that you were last using or are still								
using?								
¹☐ Yes								
2 No 3 Desfer not to anguer								
³ ☐ 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?	Other barrier methods (diaphragm, sponge, cervical cap, female condom)
4 Implant (Implanon® or Nexplanon®)	¹ ☐ Yes
racking 1 □ Yes	² No
r²□ No	3 ☐ Don't Know 4 ☐ Prefer not to answer
³ □ Don't Know	Prefer flot to answer
⁴ ☐ Prefer not to answer	17 Natural family planning methods (also called calendar/
If no, what is the primary reason you have never used an implant?	rhythm method, cycle beads, basal body temperature).
¹ ☐ The cost is too high	¹ ☐ Yes
² ☐ I am not familiar with this birth control method	² □ No
³ ☐ Due to my beliefs (religious or otherwise)	³ □ Don't Know
⁴ ☐ To avoid negative side effects	⁴ ☐ Prefer not to answer
⁵ ☐ I am not comfortable requesting an implant from my	
doctor	18 Emergency contraception (morning after pill, also
⁶ ☐ I am concerned about the procedure for inserting or removing the implant	known as "Plan B" or Ella®)
⁷ ☐ My provider did not discuss implants with me	¹ ☐ Yes
⁸ ☐ I want control over when and whether to use the	² ☐ No
method	³ ☐ Don't Know
⁹ ☐ Other, please specify:	⁴ □ Prefer not to answer
	19 Partner's vasectomy (also known as male sterilization)
¹⁰ ☐ Prefer not to answer	¹ ☐ Yes
If yes, in what month and year did you last have an	_
Implant inserted? If you cannot remember exactly, please	² □ No
give your best estimate.	³ □ Don't Know
	4 ☐ Prefer not to answer
Month: Year:	
¹ □ Don't Know	20 Any other method not mentioned previously
	9 , ,
² ☐ Prefer not to answer	
If yes, if you are no longer using that Implant, in what	¹ ☐ Yes, please specify the other method:
	¹ ☐ Yes, please specify the other method:
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot	¹ ☐ Yes, please specify the other method: 2 ☐ No
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate.	¹ ☐ Yes, please specify the other method: 2 ☐ No 3 ☐ Don't Know
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year:	¹ ☐ Yes, please specify the other method: 2 ☐ No
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate.	1 Yes, please specify the other method: 2 No 3 Don't Know 4 Prefer not to answer
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year: 1 I am still using that Implant	1 Yes, please specify the other method: 2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year: 1 I am still using that Implant 2 Don't Know 3 Prefer not to answer	1 Yes, please specify the other method: 2 No 3 Don't Know 4 Prefer not to answer
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year: Don't Know	1 Yes, please specify the other method: 2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year: 1	1 Yes, please specify the other method: 2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control method, but couldn't afford it?
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year: 1	1 Yes, please specify the other method: 2 No 3 Don't Know 4 Prefer not to answer In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 Yes
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year: 1	1 Yes, please specify the other method: 2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 Yes 2 No
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year: I am still using that Implant Don't Know Prefer not to answer If yes, did you ever feel pressured by a medical provider to keep in the implant that you were last using or are still using? Yes	1 Yes, please specify the other method: 2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 Yes 2 No 3 Prefer not to answer 22 In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month: Year: I am still using that Implant Don't Know Trefer not to answer If yes, did you ever feel pressured by a medical provider to keep in the implant that you were last using or are still using? Yes No	1 Yes, please specify the other method: 2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 Yes 2 No 3 Prefer not to answer
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	1 Yes, please specify the other method: 2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 Yes 2 No 3 Prefer not to answer 22 In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	1 Yes, please specify the other method: 2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 Yes 2 No 3 Prefer not to answer 22 In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason?
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	1
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	1 Yes, please specify the other method: 2 No 3 Don't Know 4 Prefer not to answer 21 In the past 12 months, have you needed a birth control method, but couldn't afford it? 1 Yes 2 No 3 Prefer not to answer 22 In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason? 1 Yes
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	1
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	1
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	1
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	1
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	1
If yes, if you are no longer using that Implant, in what month and year did you have it removed? If you cannot remember exactly, please give your best estimate. Month:	1

23	Why did you delay or have trouble getting the birth control method that you wanted? Please check all that apply.	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
	¹ ☐ COVID-19 made it difficult.	is needed
	² ☐ I couldn't afford it.	- Ever had a pap smear
	□ I didn't have health insurance.	- Had an abortion (ended a pregnancy on purpose) in the
	⁴ My health insurance doesn't cover the method I want.	past 5 years
	•	- Diagnosed with breast cancer in the past 10 years
	⁵ ☐ I couldn't get through to a doctor, clinic, or pharmacy on the telephone.	
	⁶ ☐ Once I got to the doctor, clinic, or pharmacy the wait was	Enter number between 0-4
	too long to see someone.	¹ ☐ Don't Know
	⁷ ☐ I didn't have transportation or a ride to the clinic/pharmacy	² ☐ Prefer not to answer
	¹⁸ ☐ I was treated unfairly.	
	9 ☐ Other, please specify:	On this next list of health experiences, how many of
Н	Other, piease specify.	these have you personally experienced? You don't
		need to say which ones, just how many.
1	¹⁰ □ Prefer not to answer	 Ever used a birth control method (such as: pills, an IUD or implant, condoms, or the shot)
L	· .	- Had a tubal or ectopic pregnancy in the past year
	How were you treated unfairly? I was treated unfairly Please check all that apply. 1 Because of my race/ethnicity	- Ever had your blood pressure measured
	² ☐ Because English is not my first language	Enter number between 0-3
	³ ☐ Because of my sexual orientation	¹ □ Don't Know
	· · · · · · · · · · · · · · · · · · ·	² □ Prefer not to answer
	⁴ ☐ Because of my sexual activity or lifestyle	_ 1 Total flot to allower
	⁵ ☐ Because of my gender presentation	
	⁶ ☐ Other, please specify:	SECTION E. DEMOGRAPHICS
		SECTION E. BEMISSIKAI 11165
	7 ☐ Prefer not to answer	Now we would like to ask you a few questions about your
	Therefull to answer	background.
	SECTION D. SOURCES OF MEDICAL CARE INFORMATION	What is the highest degree or level of school you have completed?
		¹ ☐ Never attended school or only attended kindergarten
24	Do you know how YOU can get any of the following	² ☐ Grades 1 through 8 (Elementary)
7	birth control methods for <u>free</u> (by FREE we mean you	³ ☐ Grades 9 through 11 (Some high school)
	don't have to pay anything out-of-pocket)?	⁴ ☐ Grade 12 or GED
		⁵ ☐ Some college, no degree
	Prefer not to	⁶ ☐ Associate's degree
	Yes No answer	⁷ ☐ Bachelor's degree (for example: BA, AB, BS, BBA)
	a. Male condoms	8 ☐ Master's degree
	b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, ¹☐ ²☐ ³☐	⁹ ☐ Professional degree beyond a bachelor's degree
	or Kyleena®)	¹⁰ □ Doctorate degree
	c. Implant (Implanon® or Nexplanon®) 1 2 3	¹¹ □ Prefer not to answer
	d. Depo-Provera® (also called "the shot") 1 2 3	- From not to answer
	e. Birth control pills	29 Whore were you have?
	f. NuvaRing® (vaginal birth control ring) 1 2 3	Where were you born?
	g. Other method, please specify: 1 2 3	¹ ☐ United States
		(including its territories: Puerto Rico, Guam, etc.)
		² ☐ Outside of the United States
0.5	T	³ ☐ Prefer not to answer
25	True or False. You can start any method of birth control that you want <u>during one office visit</u> to a clinic.	
		29 Are you of Hispanic, Latina, or Spanish origin?
	¹ ☐ True	1 ¬ V
	2	¹□ Yes
	² ☐ False	1 2 No
	² ☐ False ³ ☐ It depends on the type of birth control method	² No
1	-	² □ No ³ □ Prefer not to answer
	□ It depends on the type of birth control method	
	³ ☐ It depends on the type of birth control method 4 ☐ Don't Know	

	L	
Which one or more of the following would you say is your race?	36	In the PAST 12 MONTHS, did you leave a job or school because? Please check all that apply
1 ☐ Black or African American 2 ☐ White 3 ☐ Asian or Asian American 4 ☐ Native American, Alaska Native, or American Indian 5 ☐ Native Hawaiian or Pacific Islander 6 ☐ Other, please describe:		 ¹ □ COVID-19 (Coronavirus) ² □ I became pregnant ³ □ I had to take on parenting or other care-giving responsibilities ⁴ □ I left for some other reason ⁵ □ I have not left a job or school in the past 12 months ⁶ □ Prefer not to answer
⁷ ☐ Prefer not to answer	37	In studies like this, people are often grouped according to the income shared by an entire household. Thinking about your household's income from all sources in
³ □ Divorced 4 □ Separated	_	2020, what was the approximate income earned by everyone, before taxes? Your best guess is fine. If you are a student, please include the household income where you currently live even if that includes a dorm room or apartment that you rent only during the school year. \$ Don't Know
Do you currently live with a romantic partner?		-2☐ Prefer not to answer
1		What if you had some categories? Would you say your household's income in 2020 was ¹ □ Less than \$10,000 ² □ \$10,000 to less than \$15,000 ³ □ \$15,000 to less than \$20,000
Which of the following best represents how you think about yourself?		⁴ □ \$20,000 to less than \$25,000 ⁵ □ \$25,000 to less than \$30,000
² ☐ Straight, that is, not lesbian or gay ³ ☐ Bisexual		6 \$30,000 to less than \$35,000 7 \$35,000 to less than \$40,000 8 \$40,000 to less than \$50,000 9 \$50,000 to less than \$60,000 10 \$60,000 to less than \$75,000 11 \$75,000 to less than \$100,000 12 \$100,000 to less than \$150,000
At any time IN THE LAST 3 MONTHS, have you attended school or college? Include only schooling which leads to a high school diploma, or a college, graduate, or professional degree.		 13 ☐ \$150,000 or more 14 ☐ Don't Know 15 ☐ Prefer not to answer
² □ No	38	Now, please consider just yourself. During the past 12 MONTHS, did YOU receive any income from wages, salary, commissions, bonuses, or tips?
Are you currently? Please check all that apply		² ☐ No → Skip to Question 41 on Page 10 ³ ☐ Prefer not to answer → Skip to Question 40 on Page 10
 ² Self-employed ³ A student ⁴ Out of work for 1 year or more ⁵ Out of work for less than 1 year ⁶ A Homemaker ⁷ Retired ⁸ Unable to work 	39	What was the total amount of income YOU received for the PAST 12 MONTHS? Please report the amount you earned before taxes were taken out. Your best guess is fine. \$ 1 Don't Know 2 Prefer not to answer
	your race? Black or African American White Asian or Asian American Native American, Alaska Native, or American Indian Native Hawaiian or Pacific Islander Other, please describe:	your race? Black or African American White Maison Asian American Native American, Alaska Native, or American Indian Native Hawaiian or Pacific Islander Other, please describe:

			_					
40	Du	ring the PAST 12 MONTHS, how many hours did you ually work each WEEK?	43	How many children less t your household?	han 18	years of	age live	in
		Hours per week		Number of children	1			
	1 🔲 [Don't Know		¹ ☐ Don't Know				
	2 🔲	Prefer not to answer		² ☐ Prefer not to answer				
41	In t	the next set of questions, we'd like to ask about your rent living situation. Is the house, apartment, or	44	Did you live in this house	or apa	rtment 1	year ag	o?
		bile home that you're living in		¹ ☐ Yes → Skip to Quest	tion 46			
	1 🗆 (Owned by you or someone in this household with a		² ☐ No, I lived in a different h	ouse o	r apartme	ent in Ma	ryland
		mortgage or loan. <i>Include home equity loans.</i>		³ ☐ No, I lived in a different h	nouse o	r apartme	ent in and	other
	2 🔲 (Owned by you or someone in this household free and		state				d = = 6
		clear (without a mortgage or loan)		⁴ ☐ No, I lived in a different h United States	iouse o	гараппе	in outsi	ie oi trie
		Rented		⁵ □ Prefer not to answer				
		Occupied without payment of rent						
		Don't Know Prefer not to answer	45	Have you been living or s for more than 2 months?	taying	at your o	urrent a	ddress
				¹				
42		luding you, how many people live or stay at this dress?	- 1	² No ³ Prefer not to answer				
		III., , , , ,		Prefer not to answer				
		Number of people						
		Don't Know						
	- 🗀 1	Prefer not to answer						
		SEC	TIO	N F.				
		REPRODUC	CTIV	E HEALTH				
In	the r	next section, we'd like to learn more about your reproductiv	e heal	lth.				
46	Are	you currently covered by any of the following types of	f healt	h insurance?				
					Yes	No	Don't Know	Prefer not to answer
	a.	Insurance through current or former employer or union (by	you o	r another family member).	1	2	3	4
	h	This would include COBRA coverage	/by yo	u or another family	1 🗆	2	3□	4
	D.	Insurance purchased directly from an insurance company member). This would include coverage purchased through			1	2	3	- □
		such as marylandhealthconnection.gov		ionango or mamorpiaco,				
	C.	Medicare, for people 65 and older or people with certain d	isabilit	ies	1	2	3	4
	d.	Medicaid, Medical Assistance (MA), the Children's Health			1	2	3	4
		kind of state or government-sponsored assistance plan ba may know this type of coverage as Maryland Medical Assis						
		Choice, or Maryland Children's Health Program.	stance	e Program, Maryland Health				
	e.	TRICARE or other military health care, including VA health	care.		1	2	3	4
	f.	Indian Health Service			1	2	3	4
	g.	Any other type of health insurance or health coverage plar	n. Spec	cify:	1	2	3	4
	J						_	
	h.	I do not currently have health insurance or a health covera	ige pla	ın.	1	2	3	4

		- 1									
47	Did you have health insurance during all of the past 12 months?	50	a d	oct	how long or or othe up? A rou	r health	care pro	ovider fo	r a rou	utine	am.
	¹□ Yes → Skip to Question 49				exam for						,
	² ☐ No ³ ☐ Prefer not to answer				nin the pas	• `	•				• ,
48	For how many of the past 12 months were you WITHOUT health insurance?		4 🔲 🤾	ō or	nin the pas more yea	-	s (2 year	s but less	than	5 year	rs ago)
	¹ Less than 1 month		5 [6		er i't Know						
	² ☐ 1 to 3 months ³ ☐ 4 to 6 months		7 🔲	Pre	fer not to a	ınswer					
	⁴ ☐ 7 to 12 months	51	In	the	past 12 n	nonths	have vo	u aone t	n a do	ctor (or
	⁵ ☐ Prefer not to answer				healthcar			u gone t	o a do	Ctor C	71
49	Do you have at least one person or place you think of as your personal doctor or health care provider?							Ye	s No	Don't Know	
	¹ ☐ Yes ² ☐ No			pre	method of escription f ethod	or a birth	control		2	3	4
	³ ☐ Prefer not to answer		b.		check-up o using birth			ated ¹□	2	3	4
			C.	Со	ounseling o			out 1] 2	3	4
			d.	A c	doctor, nur re provide	asked y	ou if yoυ	l			_
					int to beco xt year	me preg	nant in tr	ne ¹□	2	3	4
				-	oregnancy general G\			1	2	3	4
	If you have not gone to a doctor or other healthcare provider in the skip to Question 53 on Page 12. Otherwise, continue to Question			WO	men's visi	t)		1	_	³□ n 51, µ	⁴ □
52	•		hirth c	on	trol with r	espect t	o the fo	llowing (u aliti	26	
	riease rate the healthcare provider you saw most recently	101 1	Jiitii C	.011	uoi witii i	especii	o the lo	nowing (Juanin	;5.	
	a. Respecting me as a person		Po :		Fair ² □	Good ³ □	Very Good ⁴	Excellent	Dor Kno	w to	refer not answer
	 b. Letting me say what mattered to me about my birth control method 		1]	2	3	4	5	6]	7
	c. Taking my preferences about my birth control seriously		1]	2	3	4	5	6	J	7
	 d. Giving me enough information to make the best decision about my birth control method 		1]	2	3	4	5	6	l	7
	e. Keeping information about me and my care private		1_	_	2	3	4	5	6	•	7
	f. Having translation available when I want/need it		1	_	2	3	4	5	6	ı	7

	Extremely	Somewhat	Not at all	Don't Know	Prefer n to answ
. I can stop using the birth control method at any time	1	2	3	4	5
. I can get pregnant immediately after I stop using it	1	2	3	4	5
. The method is affordable	1	2	3	4	5
. The method is easy to use	1	2	3	4	5
. I don't have to remember to use the method each time I have	1	2	3 🗀	4	5
Sex	1	2	3	4 <u></u> 4 <u></u>	5
I use the method only when I am going to have sex	1	2	3 3	_	5
. The method is easy for me to get	1	2 2	3	4	5
. I can get it without seeing a doctor or going to a clinic The method has few or no side effects	1	2	3	4 <u></u> 4 <u></u>	5
	1 1	2	3	4	5 5
The method doesn't detract from my sexual enjoyment		2	3	4	5
The method does not detract from my partner's sexual enjoyment The method has a health benefit	1	2	3	4	5
	1□	2	3	4	5
n. The method protects against sexually transmitted infections The method does not change my menstrual periods	1□	2	3	4	5
	1□	2	3 🗆	4 □	5
	1□	2	3	4	
	1	2	3	4	5 <u> </u>
No one can tell that I am using the method	1	2	3□	4	5
peration (such as a hysterectomy) that makes you urrently unable to get pregnant? Yes, "tubal ligation," "tubes tied," or "Essure" Yes, hysterectomy or another operation, so unable	•	yes no no had the oper	ation revers	sed	
	Don't Knd ☐ Prefer no				
If y	ase go to Qι	a tubal ligati uestion 76 on rrently preg	page 15.	" or had your	tubes tie
onth: Year: 2	-	Skip to Que		Page 18	
58	Are you cu	rrently tryin	g to get pre	gnant?	
2	☐ Yes ———————————————————————————————————	Skip to Que	estion 83 or	n Page 16	

SECTION G. CURRENT BIRTH CONTROL USE

Are you <u>currently using</u> any method or methods of birth control?	What kind(s) of birth control method(s) are you currently using? Please check all that apply.
¹ ☐ Yes → Skip to Question 61	Withdrawal (also called "the pull-out method")
² ☐ No	r¹ ☐ Yes
³ ☐ Prefer not to answer → Skip to Question 61	² No ³ Prefer not to answer
What are your reasons for not using any method of birth control? Please check all that apply.	If yes, did you use this method the last time you had sex with a male?
 I'm not currently having penile-vaginal sex or sex that could lead to pregnancy I just don't think about it I don't mind if I get pregnant I want to get pregnant 	1 ☐ Yes 2 ☐ No 3 ☐ Don't Know 4 ☐ Prefer not to answer
 ⁵ □ I don't want to use a birth control method ⁶ □ My partner doesn't want to use a birth control method ⁷ □ We just use "pulling out" 	Birth control pills. Please mark YES even if you are taking birth control pills for reasons other than to prevent pregnancy.
8 My partner is female 9 I stopped using birth control methods due to side effects 10 It's too hard to get to (no transportation or child care, cannot take time off work) 11 I didn't trust giving out my personal information to medical personnel 12 I can't pay for birth control 13 I don't think I can get pregnant 14 I recently stopped using my birth control method and haven't started it again 15 I'm worried about people in my community knowing that I'm using birth control 16 I'm currently breastfeeding 17 I think my partner is sterile and cannot impregnate me 18 I think that I might be infertile or it might be impossible for me to get pregnant 19 Religious reasons 20 I just had a baby 21 I don't have sex very often 22 I enjoy sex more when I don't use a birth control method 23 Other, please specify:	Yes 2
24 ☐ 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

If you are <u>not</u> currently using any method or methods of birth

control, please skip to Question 76 on Page 15. Otherwise, continue to Question 61.

	What kind(s) of birth control method(s) are you <u>currently</u> using? Please check all that apply	74	How confident are you that you have been using your method(s) of birth control correctly for the past 3 months?
70	Natural family planning methods (also called calendar/ rhythm method, cycle beads, basal body temperature)		¹ ☐ Completely confident
	mythin method, cycle beads, basai body temperature)	'	² Somewhat confident
	C ¹ Yes		³ □ Neither confident nor not confident
	² □ No		⁴ ☐ Somewhat not confident
	³ Prefer not to answer		5 Not at all confident
	If yes, did you use this method the last time you had sex with a male?		⁶ □ Prefer not to answer
	¹ ☐ Yes	773	Variable of variable control weatherd in the west 2
	² □ No	75	Your use of your birth control method in the past 3 months was:
	³ ☐ Don't Know		
	⁴ ☐ Prefer not to answer		¹☐ Completely under your control
L		.	² ☐ Somewhat under your control
71			³ ☐ Neither under your control nor out of your control
Γ	known as "Plan B" or Ella®)		⁴ ☐ Somewhat out of your control
	r ¹□ Yes		⁵ ☐ Not at all under your control
	² □ No		⁶ ☐ Prefer not to answer
	³ ☐ Prefer not to answer		
	If yes, did you use this method the last time you had sex with a male?	76	If you could use any birth control method you wanted, what method(s) would you use? Please check all that apply.
	¹ ☐ Yes		¹ ☐ I am using the method that I want to
	² No		use Skip to Question 78 on Page 16
	3 ☐ Don't Know		² ☐ Tubal ligation ("tubes tied") or another operation that
	⁴ □ Prefer not to answer		makes you unable to get pregnant
			³ ☐ Partner's vasectomy (also known as male sterilization)
72	Partner's vasectomy (also known as male sterilization)		⁴ ☐ Withdrawal ("pulling out")
	r¹ Yes		⁵ ☐ Birth control pills ("the pill")
	² □ No		⁶ ☐ Male condoms
	³ ☐ Prefer not to answer		⁷ ☐ Birth control patch (on the skin)
	If yes, did you use this method the last time you had sex		⁸ ☐ Vaginal ring (NuvaRing® or other)
	with a male?		⁹ ☐ The shot (Depo-Provera®)
	¹ Yes		¹⁰ ☐ Female condom
	² □ No		¹¹ ☐ Implant (in the arm; Implanon® or Nexplanon®)
	³ ☐ Don't Know		12 IUD (intrauterine device; e.g., Mirena; Liletta, Skyla,
	⁴ □ Prefer not to answer		ParaGard, Kyleena) 13 Fertility awareness-based methods (e.g., calendar/rhythm
73	Other method	П	method, CycleBeads®, basal body temperature, natural family planning methods)
			¹⁴ ☐ Emergency contraception (also known as the
	Yes, please specify the other method:	,	morning-after pill, Plan B® or Ella®)
			15 Other method:
	² □ No	'	
	³ ☐ Prefer not to answer		16 - 1
	If yes, did you use this method the last time you had sex		16 ☐ I would prefer not to use any method → Skip to Question 78
	with a male?		17 □ Don't Know
	¹ ☐ Yes	- 1	18 ☐ Prefer not to answer
	² □ No		_ Fold flot to allower
	³ ☐ Don't Know		
	4 ☐ Prefer not to answer		
	_		

What is the main reason you are not currently using the birth control method you want to use?	How satisfied are you with your birth control method? If not using a method, tell us how satisfied you are with using no method. If using more than one method, please report
¹ ☐ I can't afford it	on your satisfaction with the method you use most often.
² ☐ I don't have health insurance	4DV 6.5.1
³ ☐ My health insurance doesn't cover it	¹ Very satisfied
⁴ ☐ The insurance co-pays/deductibles are too high	² ☐ Somewhat satisfied
⁵ ☐ It's too hard to get to (no transportation or child care, can't	3 ☐ Neither satisfied nor dissatisfied
take time off work)	4 ☐ Somewhat dissatisfied
⁶ ☐ I don't know where I can get the birth control method I	⁵ □ Very dissatisfied
want	⁶ ☐ Prefer not to answer
⁷ ☐ The method that I want is not available at my doctor's office, clinic or pharmacy	81 How important is it to you to AVOID becoming pregnant
8 I don't want my partner or family to find out that I want to use a birth control method	now?
⁹ ☐ I don't trust giving out my personal information to medical	¹ Very important
staff	² ☐ Somewhat important
¹⁰ ☐ My health care provider suggested I use something else	 ³ ☐ Neither important nor unimportant ⁴ ☐ Somewhat unimportant
11 ☐ I have an appointment scheduled, but haven't gone yet	·
 12 ☐ I'm trying to get pregnant 13 ☐ My partner doesn't want to use this birth control method 	⁵ ☐ Not at all important ⁶ ☐ Prefer not to answer
14 ☐ I'm worried about people in my community knowing that	- Prefer flot to answer
I'm using birth control	If you have had a tubal ligation, "Essure" or had your tubes tied,
15 ☐ I'm not sure	please go to Question 86 on page 18.
¹⁶ ☐ I or my partner are surgically sterile (had a tubal sterilization, vasectomy, or other operation)	82 Would you say switching your current birth control
¹⁷ ☐ Other (specify):	method and using another method of birth control in
	the next 3 months is? If you are not currently using a method, tell us how likely you are to start using a method in
L 18 ☐ Prefer not to answer	the next 3 months.
- I Telef flot to allower	¹ ☐ Very likely
Thinking about the past 3 months, about how often did	² ☐ Somewhat likely
you have sex with a male? By sex, we mean a penis was	³ ☐ Neither likely nor unlikely
inserted in your vagina.	⁴ ☐ Somewhat unlikely
¹ ☐ About once a week or more	⁵ ☐ Very unlikely
² ☐ A few times a month	⁶ ☐ Prefer not to answer
³ ☐ About once a month	
 ⁴ ☐ Less than once a month	83 How do you feel about having a child now or sometime
5 \square I did not have sex with a male in the past	in the future?
3 months — Skip to Question 80	¹ ☐ I don't want to have one
⁶ ☐ Prefer not to answer	² ☐ I do want to have one, less than 12 months from now
Thinking shout the rest 2 months have after did	³ ☐ I do want to have one, between 12 months and less than 2
Thinking about the past 3 months, how often did you use a method of birth control when you had penile-vaginal sex or sex that could lead to pregnancy?	years from now ⁴ ☐ I do want to have one, between 2 years to less than 5
	years from now
¹☐ Every time you had sex	 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
² ☐ More than half the time	7 □ Don't Know
³ ☐ About half the time	8 ☐ Prefer not to answer
⁴ ☐ Less than half the time	Trefer not to answer
⁵ ☐ Never	
6 ☐ Don't Know	
⁷ ☐ Prefer not to answer	

SECTION H. PAST PREGNANCIES

We would like to ask you about your current thoughts and feelings about the idea of becoming pregnant in the next three months or having a baby in the next year. We know that women have very different thoughts and feelings about pregnancy, and having a baby, that can change over time. Please remember that there are no right or wrong answers. For each question, choose one answer that seems right at this point in your life

А	•	4
	ж	4
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		- 4
		4

The following statements relate to your thoughts and feelings about the idea of becoming PREGNANT in the next 3 months. Even if you do not think you can become pregnant for partner or physical reasons, please imagine how you would feel about becoming pregnant.

		Stongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer not to answer
a.	I wouldn't mind it if I became pregnant in the next 3 months.	1	2	3	4	5	6
	It would be a good thing for me if I became pregnant in the next 3 months.	1	2	3	4	5	6
C.	Thinking about becoming pregnant in the next 3 months makes me feel unhappy.	1	2	3	4	5	6
d.	Thinking about becoming pregnant in the next 3 months makes me feel excited.	1	2	3	4	5	6
e.	Becoming pregnant in the next 3 months would bring me closer to my main partner. (By main partner, we mean the romantic partner that is the most serious to you. If you don't have a romantic partner, please think about the person with whom you were last sexual.)	1_	2	3	4	5	6
yc	ne following statements relate to your thoughts and feelings about the ou do not think you can have a baby for partner or physical reasons, p aby.						
				N. 74			
		Stongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer not to answer
	I want to have a baby within the next year.	Agree 1	2	Agree nor Disagree	Disagree	Disagree 5	to answer
		Agree	•	Agree nor Disagree		Disagree	to answer
a.	If I had a baby in the next year, it would be bad for my life.	Agree 1	2	Agree nor Disagree	4	Disagree 5	to answer
a. b.	If I had a baby in the next year, it would be bad for my life. It would be a positive addition to my life to have a baby in the next year. It would be the end of the world for me to have a baby in the next year.	Agree 1 1 1 1 1 1	2 2	Agree nor Disagree	4	Disagree 5 5	6 6 6 6
a. b.	If I had a baby in the next year, it would be bad for my life. It would be a positive addition to my life to have a baby in the next year. It would be the end of the world for me to have a baby in the next year.	Agree 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2	Agree nor Disagree 3 3 3 3	4	Disagree 5 5 5 5	to answer
a. b. c. d.	If I had a baby in the next year, it would be bad for my life. It would be a positive addition to my life to have a baby in the next year. It would be the end of the world for me to have a baby in the next year.	Agree 1	2	Agree nor Disagree 3 3 3 3 3 3 3 3	4	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	6 6 6 6
a. b. c. d. e.	If I had a baby in the next year, it would be bad for my life. It would be a positive addition to my life to have a baby in the next year. It would be the end of the world for me to have a baby in the next year. Thinking about having a baby within the next year makes me smile. Thinking about having a baby within the next year makes me feel stressed out.	Agree 1	2	Agree nor Disagree 3	4	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	to answer 6 6 6 6 6 6 6 6
a. b. c. d. e. f.	If I had a baby in the next year, it would be bad for my life. It would be a positive addition to my life to have a baby in the next year. It would be the end of the world for me to have a baby in the next year. Thinking about having a baby within the next year makes me smile. Thinking about having a baby within the next year makes me feel stressed out.	Agree 1	2	Agree nor Disagree 3	4	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	to answer 6
a. b. c. d. e. f.	If I had a baby in the next year, it would be bad for my life. It would be a positive addition to my life to have a baby in the next year. It would be the end of the world for me to have a baby in the next year. Thinking about having a baby within the next year makes me smile. Thinking about having a baby within the next year makes me feel stressed out. I would feel a loss of freedom if I had a baby in the next year. If I had a baby in the next year, it would be hard for me to manage raising the child.	Agree 1	2	Agree nor Disagree 3	4	5 5 5 5 5 5 5 5 5 5	to answer 6

86	Have you given birth in the past 12 months?	91	Have you ever been diagnosed as infertile?
T	¹ ☐ Yes		¹ Yes
	² □ No → Skip to Question 89		²
	³☐ Prefer not to answer → Skip to Question 89		³ □ Prefer not to answer
87	Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant?		SECTION I. PUBLIC POLICY
			SECTION I. FOBEIC FOLICT
	¹☐ I wanted to be pregnant later	Ιν	We have a few final questions related to abortion. Please
	 ² ☐ I wanted to be pregnant sooner ³ ☐ I wanted to be pregnant then 	c	consider your own thoughts, opinions, and experiences when
	⁴ ☐ I didn't want to be pregnant then or at any time in the	r	esponding.
	future	92	A woman should not fear being arrested or going to jail
	⁵ ☐ I wasn't sure what I wanted		for having an abortion (terminating a pregnancy).
	⁶ ☐ Prefer not to answer		¹ ☐ Strongly Agree
88	How did you feel when you found out you were		2 Agree
	pregnant with your new baby? Were you		³ ☐ Neither agree nor disagree
	¹ Very happy to be pregnant		⁴ ☐ Disagree
	² ☐ Happy to be pregnant		5 ☐ Strongly disagree
	³ ☐ Neither happy nor unhappy		⁶ ☐ Prefer not to answer
	⁴ ☐ Unhappy to be pregnant	93	Which comes closest to your own view on abortion?
	⁵ ☐ Very unhappy to be pregnant	9	·
	⁶ □ Prefer not to answer		 ¹☐ Having an abortion is acceptable ²☐ I am against abortion for myself, but I don't believe
89	In your lifetime, how many babies did you have that		government should prevent a woman from making the
O	were born alive?		decision for herself.
			 ³ ☐ Having an abortion is wrong. ⁴ ☐ Prefer not to answer
	Number of babies		Tree not to answer
	¹☐ Prefer not to answer	94	Do you identify as?
90	Some people are unable to get pregnant, even if they		¹ ☐ Pro-Choice
	want to. How likely do you think it is that you are infertile or would have difficulty getting pregnant?		² ☐ Pro-Life
			³ ☐ Neither
	¹☐ Not at all likely to be infertile		4 ☐ Both
	² ☐ Somewhat likely ³ ☐ Likely		⁵ ☐ Prefer not to answer
	⁴ □ Very likely to be infertile	95	Do you think abortion should be:
	5 □ Don't know	7	·
	⁶ ☐ Prefer not to answer		 ¹ ☐ Legal in all cases ² ☐ Legal in most cases
			3 ☐ Illegal in most cases
			⁴ ☐ Illegal in all cases
			5 ☐ Don't Know
			⁶ ☐ Prefer not to answer

Thank You

Thank you very much for participating in this survey. The information you provided will be used to help improve women's health in your state.

Other interested participants
Are there any other women between 18-44 in your household who we could contact to participate in this study? 1 ☐ Yes 2 ☐ No
If yes, please provide their contact information below.
First woman name: Email:
Second woman name: Email:
☐ I do not wish to provide their contact information
Incentive
If you were eligible and completed this survey, we will be sending you a \$10 Amazon, Target, or Walmart gift code. Which gift code would you prefer? <i>Please check only one</i> .
□ Amazon □ Target □ Walmart
Would you like us to email or mail the above gift code number to you?
□ Mail Only □ Email Only
If you selected for us to mail the gift code to you, please provide an updated address if the one we mailed to is incorrect.
Address 1:
Address 2:
City: State: Zip
Email:

MAILING INSTRUCTIONS

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

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

If you would like more information about the study, please call 1-877-396-4064 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.

INSTRUCCIONES PARA EL ENVÍO

Por favor coloque el cuestionario completado en el sobre que tiene el timbre postal pagado. Si el sobre se extravió, por favor envíe el cuestionario a:

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

	J
si usted tiene alguna pregunta sobre esta encuesta o le gustaría compartir cualquier otra información acerca de sus Experiencias usando anticonceptivos, por favor escriba en el cuadro de abajo.	
vomenshealth@norc.org. Si usted tiene preguntas sobre sus derechos como participante de la encuesta, puede llamar l'Administrador de la Junta de Revisión Institucional de NORC (llamada gratuita) al 1-866-309-0542.	٨
i desea obtener más información sobre el estudio, por favor llame al 1-877-396-4064 o envíe un correo electrónico a	3
	•

Gracias

Gracias por su participación en esta encuesta. La información que usted ha proporcionado será utilizada para mejorar la salud de las mujeres en su estado.

Correo electrónico:
Ciudad: Estado: Código postal
Dirección 2:
Dirección 1:
Si eligió que le mandemos un código de regalo a usted, por favor proporcione un correo actualizado si el correo al que le mandamos este cuestionario es incorrecto.
Sólo por correo electrónico ☐ Sólo por correo
¿Desea usted que le enviemos el código de regalo por correo electrónico o por correo postal?
☐ Amazon ☐ Target ☐ Walmart
Si era elegible y completó esta encuesta, le enviaremos un código de regalo de Amazon, Target o Walmart de \$10. ¿Qué código de regalo que usted prefiere? Por favor marque solo uno.
Incentivo
□ No quiero proporcionar sus datos de contactor
Correo electrónico de la segunda mujer:
Nombre de la segunda mujer:
Correo electrónico de la primera mujer:
Nombre de la primera mujer:
. Nos podría dar el/los nombre(s) y correo(s) electrónico(s) de esta(s) mujer(es) en su hogar?
oN □z !S □ ι
¿Hay alguna(s) mujer(es) entre 18 y 44 años en su hogar a quien(es) podríamos contactar para participar en este studio? □
Otros participantes interesados

4 ☐ llegal en todos los casos 5 ☐ No sé 6 ☐ Prefiero no contestar	Scuál de las siguientes se acerca más a su punto de vista sobre el aborto intencional (aborto inducido)? ↑ □ Tener un aborto intencional (aborto intencional (aborto intencional (aborto intencional (aborto intencional (aborto inducido) yo misma, pero no creo que el gobierno deba impedir que una mujer tome esa decisión por sí misma impedir que una mujer tome esa decisión por sí misma 3 □ Tener un aborto intencional (aborto inducido) está mal 4 □ Prefiero no contestar
² ☐ legal en la mayoría de los casos	Prefiero no contestar
¹ ☐ Legal en todos los casos	e ☐ Totalmente en desacuerdo
Piensa Ud. que el aborto debe ser:	t ☐ En desacuerdo
Dispersella rura al aborto debe com	² ☐ De acuerdo 3 ☐ Ni de acuerdo ni en desacuerdo
5 ☐ Prefiero no contestar	¹ ☐ Totalmente de acuerdo
sbiV-o₁da □ S ∏ Pro-Vida sob sol eb onuguiV □ ^{\$} □ Ambos	Winguna mujer debe temer ser detenida o ir a la cárcel por haber obtenido un aborto intencional/inducido.
94 se identifica usted como? Pro-elección (Pro-Choice)	Tenemos algunas preguntas finales relacionadas con el aborto. Por favor considere sus propios pensamientos, opiniones y experiencias al responder.
YON I.	
	En toda su vida, ¿cuántos bebés tuvo que nacieron vivos?
	Prefiero no contestar
	5 ☐ Muy descontenta de estar embarazada
	4 🗆 Descontenta de estar embarazada
_	³ ☐ Ni feliz ni descontenta
s ☐ Prefiero no contestar	² ☐ Feliz de estar embarazada
ON □ z	¹ ☐ Muy feliz de estar embarazada
!S □ ι	de su nuevo bebé? ¿Estaba usted
(o estéril)?	88 Sépararadas edetaba que estaba embarazada
Plguna vez ha sido diagnosticada como infértil	
Prefiero no contestar	Prefiero no contestar
g No Sé	momento ni nunca 5 ☐ Yo no estaba segura de lo que
h Muy probable que sea infértil ↑	⁴ ☐ Yo no hubiera querido quedar embarazada ni en ese
3 ☐ Algo probable	³ ☐ Yo hubiera querido quedar embarazada en ese momento
² □ Probable	² ☐ Yo hubiera querido quedar embarazada más pronto
linértil No es probable que sea infértil □ l	o) abrist sada mas tarde (o después) después) después
Angunas personas no pueden quedar embarasadas, aunque así lo deseen. ¿Qué tan probable es que usted sea infértil o tenga dificultades para quedar embarasada?	embarazada de su nuevo bebé, Scómo se sentió al quedar embarazada?

SECCIÓN H. SECAS ANTERIORES

Las siguientes preguntas tienen que ver con lo que piensa y siente de la posibilidad de quedar embarazada durante los próximos tres meses o tener un bebé en el próximo año. Sabemos que las mujeres tienen diversos pensamientos y sentimientos acerca del embarazo y que éstos pueden cambiar con el tiempo. Por favor, recuérdese que no hay respuestas correctas ni incorrectas. Para cada prequnta, escoia la respuesta que más corresponda a lo que piensa y siente en este momento de su vida.

] Sí] No → Vaya a la pregunta 89 en la pagina 18	
						Fa tenido un parto (o dado a lus) en los últimos 12 meses?	
						Second 66 comities on me (a chart a) often an object of	
9	g	□Þ	Ε	⊒ z			.i
9	2	□Þ	□ε [⊒z		Si tuviera un bebé en el próximo año, sería difícil arreglármelas para criarlo.	Ч
9	2	\Box $ to$	Ε	⊒z		Perdería algo de mi libertad si tuviera un bebé el próximo año.	6
<u></u> 9	g	\Box $ to$	_ε	⊒z		Al pensar en tener un bebé el próximo año me hace sentir estresada.	.Ì
<u></u> 9	_ g	□Þ	_ε	z		Al pensar en tener un bebé el próximo año me hace sonrefr.	ә
<u></u> 9	G	□Þ	3	2		vida. . Sería el fin del mundo para mí tener un bebé el próximo año.	р
9	g	□ŧ	□ε [⊒z	□¹ im	vida. . Tener un bebé en el próximo año sería un cambio positivo para l	၁
<u></u> 9	g	\Box $ to$	□ε	z		Tener un bebé en el próximo año sería algo muy malo para mi	
contestar 6	on langesan o	□þ mianapsan on	lerdo desacuer	⊒z no ne acc	lanap an	. Quiero tener un bebé en el próximo año.	В
Prefiero no	Fotalmente en en	u¬	acuerdo na in ensecco		emistoT		
			9b iM				
						פוונוון כחון ובאברנה ע נפוופו חון חבחבי	9
						as siguientes antriaciones se reiacionan con los pensamiento róximo año. Incluso si no cree que pueda tener un bebé por ra entiría con respecto a tener un bebé.	ıd
							ıd
						róximo año. Incluso si no cree que pueda tener un bebé por ra	ıd
						quien tuvo relaciones sexuales.) as siguientes afirmaciones se relacionan con los pensamiento róximo año. Incluso si no cree que pueda tener un bebé por ra	ıd
						pareja romántica, por favor piense en la última persona con quien tuvo relaciones sexuales.) as siguientes afirmaciones se relacionan con los pensamiento réximo año. Incluso si no cree que pueda tener un bebé por ra	ıd
el	e jaga un	a de tener	— Sobre la ide	sofneim	iigu əs λ s	principal. (Las preguntas sobre su pareja principal se refleren a la pareja romántica que le sea más seria. Si no tiene una pareja romántica, por favor piense en la última persona con quien tuvo relaciones sexuales.) as siguientes afirmaciones se relacionan con los pensamiento réximo año. Incluso si no cree que pueda tener un bebé por ra	ıd ?⊐
						a la pareja romántica que le sea más seria. Si no tiene una pareja romántica, por favor piense en la última persona con quien tuvo relaciones sexuales.) as siguientes afirmaciones se relacionan con los pensamiento réximo año. Incluso si no cree que pueda tener un bebé por ra	ıd ?⊐
el	e jaga un	a de tener	— Sobre la ide	sofneim	iigu əs λ s	Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir emocionada. Quedar embarazada me haría sentir más unida a mi pareja principal. (Las preguntas sobre su pareja principal se refleren a la pareja romántica, por favor piense en la última persona con pareja romántica, por favor piense en la última persona con quien tuvo relaciones sexuales.) as siguientes afirmaciones sexuales.)	ıd ⊤
el	nu BEBĘ 6	.a de tener	− 3□ Sobre la ide	□s sofneim	∏ι	Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir infeliz. Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir emocionada. Quedar embarazada me haría sentir más unida a mi pareja principal. (Las preguntas sobre su pareja principal se refleren a la pareja romántica, por favor piense en la última persona con pareja romántica, por favor piense en la última persona con quien tuvo relaciones sexuales.)	ed P
	nu BEBĘ 6 e□ e□	de tener	3⊟ Sobre la ide	□s □s sofneim	□ı □ı	Para mí, sería algo bueno quedar embarazada en los próximos 3 meses. Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir infeliz. Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir emocionada. Quedar embarazada me haría sentir más unida a mi pareja principal. (Las preguntas sobre su pareja principal se refleren a la pareja romántica, por favor piense en la última persona con pareja romántica, por favor piense en la última persona con quien tuvo relaciones sexuales.)	ed P P P
	nu BEBĘ 6	de fener	= 3 - - - - - -	ac a	□ı □ı □ı	meses. Para mí, sería algo bueno quedar embarazada en los próximos 3 meses. Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir infeliz. Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir emocionada. Al pensar en la posibilidad de quedar embarazada en los principal. (Las preguntas sobre su pareja principal se refleren a la pareja romántica, por favor piense en la última persona con pareja romántica, por favor piense en la última persona con quien tuvo relaciones sexuales.) as siguientes afirmaciones sexuales.)	ed F7 F9 P
	en BEBÉ e	□	acuerdo ni en desacuerdo 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	ar Sz	□ k	No me desagradaría quedar embarazada en los próximos 3 meses. Para mí, sería algo bueno quedar embarazada en los próximos 3 meses. Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir infeliz. Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir emocionada. Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir emocionada. Quedar embarazada me haría sentir más unida a mi pareja principal. (Las preguntas sobre su pareja principal se refieren a la pareja romántica que le sea más seria. Si no tiene una pareja romántica que le sea más seria. Si no tiene una pareja romántica ser favor piense en la última persona con quien tuvo relaciones sexuales.)	ed F7 F9 P
e e e e e e e e e e e e e e e e e e e	eesacuerdo	desacuerdo de tener	desacuerdo	scuerdo	s A seutin	No me desagradaría quedar embarazada en los próximos 3 meses. Para mí, sería algo bueno quedar embarazada en los próximos 3 meses. Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir infeliz. Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir emocionada. Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir emocionada. Quedar embarazada me haría sentir más unida a mi pareja principal. (Las preguntas sobre su pareja principal se refieren a la pareja romántica que le sea más seria. Si no tiene una pareja romántica que le sea más seria. Si no tiene una pareja romántica ser favor piense en la última persona con quien tuvo relaciones sexuales.)	ed F7 F9 P
Prefiero no confestar e e e e e e e e e e e e e e e e e e e	Totalmente en desacuerdo 5 5 5 6 5 6 5 6 6 6	En de tener	Ni de acuerdo ni en desacuerdo 3	De scuerdo 2 2 2 2 2 2 2	Totalmente	nagine cómo se sentiria con respecto a quedar embarazada. No me desagradaría quedar embarazada en los próximos 3 meses. Para mí, sería algo bueno quedar embarazada en los próximos 3 meses. Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir infeliz. Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir emocionada. Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir emocionada. Quedar embarazada me haría sentir más unida a mi pareja principal. (Las preguntas sobre su pareja principal se refleren a la pareja romántica que le sea más sería. Si no tiene una pareja romántica, por favor piense en la última persona con quien tuvo relaciones sexuales.)	ni Po Bo Bo Bo Bo Bo Bo Bo Bo Bo Bo Bo Bo Bo
Prefiero no confestar e e e e e e e e e e e e e e e e e e e	reja, por fa Totalmente en desacuerdo 5 5 5 5 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6	the feneral sa de teneral sa d	Ni de acuerdo ni en desacuerdo 3 = 3 = 3 = 3 = 3 = 3 = 3 = 3 = 3 = 3	De acuerdo De acuerdo Comparente acuerdo Comparente acuerdo	embaraza	No me desagradaría quedar embarazada en los próximos 3 meses. Para mí, sería algo bueno quedar embarazada en los próximos 3 meses. Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir infeliz. Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir emocionada. Pucar embarazada me haría sentir más unida a mi pareja principal. (Las preguntas sobre su pareja principal se refieren a la pareja romántica que le sea más sería. Si no tiene una pareja romántica que le sea más sería. Si no tiene una pareja romántica, por favor piense en la última persona con quien tuvo relaciones sexuales.)	ein E d e e

Jι

3 ☐ Prefiero no contestar → Vaya a la pregunta 89 en la pagina 18

	7 ☐ Prefiero no contestar
	ès oM □ ⁸
	g
	↑ Menos de la mitad de las veces
	² ☐ Más de la mitad de las veces ³ ⊡ Más o menos la mitad de las veces
Prefiero no contestar □8	↑ ☐ Cada vez que tuve relaciones sexuales
ès oN □ ⁷	
Ouiero tener uno, pero no sé cuando \square^{δ}	pene-vaginal o relaciones sexuales que pueden conducir al embarazo?
5 ☐ Quiero tener uno en 5 años o más	uso Ud. un método anticonceptivo cuando tuvo sexo
⁴ ☐ Quiero tener uno en más de dos años pero en menos de Casa de Gara de Gara de Gara de Gara de Casa de Ca	Pensando en los últimos 3 meses, ¿con qué frecuencia
sons	
S eb sonem ne oreg oñs nu eb sâm ne onu renet oreivez \square^{ϵ}	6 ☐ Prefiero no contestar
de ahora	relaciones sexuales que pueden llevar al embarazo en los últimos 3 meses — Vaya a la pregunta 80
¹ ☐ No quiero tener uno ² ☐ Yo quisiera tener un hijo en menos de 12 meses a partir	$_{\rm 5}$ \square No tuve relaciones sexuales entre el pene y la vagina o
	the may vez al mes
Solué opina sobre tener un hijo ahora o en el futuro?	
	2 ☐ Unas pocas veces al mes
ondy introduction of the start	sèm o snemes vez por senu etnemixondA □ ¹
4 ☐ Algo improbable 5 ☐ Muy improbable	sexo, nos referimos a un pene insertado en la vagina.
³	Pensando en los últimos 3 meses, ¿con qué frecuencia tuvo usted relaciones sexuales con un hombre? Por
² ☐ Algo probable	. ,,
₁ ☐ Muy probable	18 ☐ Prefiero no contestar
mėtodo en los próximos 3 meses.	
díganos qué tan probable es que comience a usar un	/
meses es? Si actualmente no está usando un método,	de order operation (especifique):
S3 SDiría que cambiar su actual método anticonceptivo y usar otro método anticonceptivo en los próximos 3	hemos sometido a una esterilización tubárica, vasectomía u otra operación)
	son) selrière estériles (nos
pregunta 86 en la pagina 17.	15 ☐ No estoy segura
Si se ha sometido a ligadura de trompas o Essure, vaya a la	14 ☐ Me preocupa que las personas de mi comunidad sepan que estoy usando anticonceptivos
e ☐ Prefiero no contestar	13 Mi pareja no quiere usar este método anticonceptivo
5 ☐ No es importante en absoluto	12 Estoy tratando de quedar embarazada
bionationain importancia □ *	11 Tengo una cita programada, pero aún no he ido
³ ☐ Irrelevante	र्गात ट्रांच
elnstroqmi oglA □²	10 ☐ Mi proveedor de cuidado de salud me sugirió que usara
¹ ☐ Muy importante	⁹ ☐ No confío en dar mi información personal al personal médico
embarazada ahora?	usar un método anticonceptivo
18 SQué tan importante es para usted EVITAR quedar	
	de mi médico, clínica o farmacia.
Prefiero no contestar	quiero. √ ☐ El método que deseo no está disponible en el consultorio
□ Muy insatisfecho	⁶ ☐ No sé dónde puedo obtener el método anticonceptivo que
☐ Vn poco insatisfecho	puedo tomarme tiempo libre del trabajo)
² ☐ Algo satisfecha ³ ☐ Ni satisfecho ni insatisfecho	5 ☐ Es muy difficil llegar (sin transporte o cuidado de niños, no
¹ ☐ Muy satisfecha	Los copagos / deducibles del seguro son demasiado altos Los copagos / deducibles del seguro son demasiado altos
	2 \Box Mo tengo seguro de salud 3 \Box Mi seguro de salud no lo cubre
describa que tan satisfecha está con el método que usa más frecuentemente.	hules ab onnas oppet oN □ ¹
ningún método. Si utiliza más de un método por favor	
método(s) anticonceptivo(s)? Si no usó ningún método, diganos cuán satisfecho está con el hecho de no usar	actualmente no está usando el método anticonceptivo que desea usar?
80 (oué tan satisfecha está usted con su (o sus)	

	4 ☐ Prefiero no contestar
	ès oN □ε
	oN □²
	JS □ ι
17 ∏ No sé ™ Prefiero no contestar	vez que tuvo relaciones sexuales con un hombre?
pregunta 78 en la pagina 16	Si respondió que sí, ¿usó usted este método la última
16 ☐ Yo preferiría no utilizar ningún método	Prefiero no contestar
	ON □z
ned O o o o o o o o o o o o o o o o o o o	L¹ ☐ Sí, por favor describa:
া ⁴ ⊡ Anticoncepción de emergencia (también conocida como la píldora del día después, Plan B® o ella®)	opotati opo
planificación familiar)	Otro método
temperatura corporal basal, métodos naturales de	4 ☐ Prefiero no contestar
ejemplo, método de calendario / ritmo, CycleBeads®,	9S ON □€
12 DIU (Mirena®, Paragard®, Skyla®, Liletta®, o Kyleena®) 13 Métodos basados en la conciencia de fertilidad (por	ON □z
11 ☐ Implante (Implanon® o Mexplanon®) 12 ☐ DILL (Mirena® Paragard® Skyla® Lifetta® o Kyleena®)	!S □ ι
10 ☐ Condones femeninos	vez que tuvo relaciones sexuales con un hombre?
llamado "inyección")	Si respondió que sí, ¿usó usted este método la última
⁹ ☐ Inyecciones anticonceptivas (Depo-Provera®, también	3 ☐ Prefiero no contestar
(otto o ®priЯsvuИ) Isnigsv ollinA □ 8	oN □²
☐ Parche anticonceptivo (en la piel)	!S □ ₊ ■
soniluossm asaculinos □ 8	pareja sexual)
5 ☐ Pastillas anticonceptivas	Operación masculina (esterilización o vasectomía de la
, ☐ Retirada ("sacarlo")	
³ ∐ Vasectomía de pareja (también conocida como esterilización masculina)	4 ☐ Prefiero no contestar
le impide quedar embarazada)	ès oN □€
2 Ligadura de trompas ("tubos atados" u otra operación que	ON □ Z
Pregunta 78 en la pagina 18	IS □ t
¹ ☐ Estoy usando el método que quiero usar → Vaya a la	Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?
todos los que apliquen.	³□ Prefiero no contestar
Si usted pudiera usar cualquier método anticonceptivo que quisiera, ¿qué método(s) usaría? Por favor marque	91 oN □ z
	!s □, □
Prefiero no contestar	dia después, también conocida como "Plan B"® o Ella®)
5 🗆 Totalmente fuera de su control	La pildora anticonceptiva de emergencia (la pildora del
4 ☐ Algo fuera de su control	
$^3\Box$ Ni bajo su control ni fuera de su control	4 ☐ Prefiero no contestar
lontroo bajo bajo Su Control	ès oN □ε
lontroo bajo su control □ ¹	oN □ ²
método anticonceptivo actual estuvo:	JS□ι
	vez que tuvo relaciones sexuales con un hombre?
	Si respondió que sí, ¿usó usted este método la última
e ☐ Prefiero no contestar	Prefiero no contestar
5 ☐ Completamente dudosa	0N □ z
tacobus m decombas m	-, □ S!
² ☐ Algo segura ³ ☐ Ni segura ni dudosa	pasal del cuerpo).
¹ ☐ Completamente segura	Los métodos de planificación familiar natural (también llamado calendario / método del ritmo, temperatura
	7,1 7,1 7,1 1,1 1,1 1,1 1,1 1,1 1,1 1,1
estado utilizando sus métodos anticonceptivos correctamente durante los últimos 3 meses?	due apliquen.
	¿Qué tipo(s) de método(s) anticonceptivo está usted utilizando actualmente? Por favor marque todos los

¿Qué tipo(s) de método(s) anticonceptivo está usted utilizando actualmente? Por favor marque todos los

_	
4 ☐ Prefiero no contestar	
s ON □ Sé	
oN □s	
JS □ ı	
vez que tuvo relaciones sexuales con un hombre?	
Si respondió que sí, ¿usó usted este método la última	1
3 ☐ Prefiero no contestar	
oN □s	
!S □ ı - 	
anticonceptiva, capuchón cervical, condón femenino)	
	69
7 127 11 1 7711	
refiero no contestar	
9s oN □ ^ε	
oN □ ^z	
!S □ ι	
vez que tuvo relaciones sexuales con un hombre?	Prefiero no contestar
Si respondió que sí, ¿usó usted este método la última	-
· ·	Mucha □
Prefiero no contestar	Bastante □ ^ε
oN □ ²	ogIA □²
!S □ ₊ 	0009 □ ¹
CONTROLLES INTESCRITIOS O PLESEI VALIVOS	
Condones masculinos o preservativos	sintió la presión de un proveedor médico para usar un DU. ¿ cuánta presión sintió?
	Si respondió que sí, Pensando en la última vez que
Prefiero no contestar	3 ☐ Prefiero no contestar
Mucha □	
³ ☐ Bastante	oN □ z
ogIA 🗆 x	!S □ ,
oɔo9 □ ¹̈́	absoluto?
	hubiera preferido usar otro método o ningún método en
sintió la presión de un proveedor médico para usar un implante ¿cuánta presión sintió?	de un proveedor médico para usar un DIU cuando
Si respondió que sí, Pensando en la última vez que	Si respondió que no, ¿Alguna vez ha sentido la presión
`	Prefiero no contestar
Prefiero no contestar	г Мисћа
oN □z	⁴ ☐ Bastante
!S □ ₁	oglA □ε
absoluto?	2 ☐ Poco
hubiera preferido usar otro método o ningún método en	
de un proveedor médico para usar un implante cuando	snugniN □ ¹
Si respondió que no, ¿Alguna vez ha sentido la presión	un proveedor médico para que le insertaran el DIU?
Prefiero no contestar	Si respondió que sí, ¿Cuánta presión sintió por parte de
е□ Мисћа	Prefiero no contestar
Pastante □ 4	₂ ∏ Kyleena®
oglA □ ^ε	[®] Liletta
	I Skyld
≥ ☐ Poca	3 ☐ SKỳla® - □ Falayaru
¹ ☐ Vinguna □ ² ☐ Poca	[®] Daragard®
proveedor médico para que le insertaran el implante? ¹ ☐ Winguna ² ☐ Poca	° ☐ Mirena® □ Paragard®
¹ ☐ Vinguna □ ² ☐ Poca	[®] Daragard®
Fi respondió que sí, ¿Cuánta presión sintió de un proveedor médico para que le insertaran el implante? ↑ ☐ Winguna □ □ Poca	° ☐ Mirena® □ Paragard®
3 ☐ Preflero no contestar Si respondió que sí, ¿Cuánta presión sintió de un proveedor médico para que le insertaran el implante? □ ☐ Winguna □ □ ☐ Poca	3 ☐ Prefiero no contestar ● Si respondió que sí, ¿qué DIU usa actualmente? 1 ☐ Mirena® 2 ☐ Paragard®
2 ☐ No 3 ☐ Prefiero no confestar 3 ☐ Prefiero no confestar Psi respondió que sí, ¿Cuánta presión sintió de un proveedor médico para que le insertaran el implante? ↑ ☐ Ninguna 2 ☐ Poca	o No 3 ☐ Prefiero no contestar 3 ☐ Prefiero no contestar 4 ☐ Mirena® 1 ☐ Mirena®
3 ☐ Preflero no contestar Si respondió que sí, ¿Cuánta presión sintió de un proveedor médico para que le insertaran el implante? □ ☐ Winguna □ □ ☐ Poca	3 ☐ Prefiero no contestar ● Si respondió que sí, ¿qué DIU usa actualmente? 1 ☐ Mirena® 2 ☐ Paragard®

método anticonceptivo? Por favor marque todos los que

¿Cuáles son las razones por las que no usa ningún

SI incluso si está tomando pastillas anticonceptivas por una

Píldoras (o pastillas) anticonceptivas. Por favor marque

ઘ

					T☐ Prefiero no contestar
					9\$ ON _ 9
					□ Semme han revertido la operación
					↑ Definitivamente no
					3 ☐ Probablemente no
		. 6.4			Seminiavamined □ Seminiavamine Si Seminiavami
מ מו בווומ		. еиівед премел	1812911	loo on orefferd —	lefinitivamente sí
				SYA TO SYA	tubárica pudiera ser revertida de manera segura,
				nétodos antico	
o opo	tèm nùgli	ទ ទវព១៣៤១វះ	zando ac	ilitu beteu åte∃.	
					Mes: Año: sé
	LIVOS	ONCEb.	UTIC	DE 1	1.090
٦	AUTO,	A OSU .	ION G	SECC	
					tubárica o la operación Essure? Si no puede recordarlo exactamente, por favor, dé su mejor estimación.
				_	Fu due mes y ano se realizo la esterilizacion
			ntestar	oo on orefiero no coi	ε
•	ı nıu6ndı	01 110 00 PN I	ford non	oN	I C PILINDAID PLP PAPA IPISAILIOS OLI OIAIIALA L. L.
9	t eninen e	sl n a 88 etnu	nera el e	evev ← ìs □	3 ☐ No ← Vaya a la pregunta 57
				Setualmente?	
	arazada	anedar emb	ap opue	.Está usted trat	
			1000001		' Si, "ligadura de trompas" o "Essure"
			ntestar	Prefiero no coi	Sepezeaequo aepono
,	ו אמאווומ ו	מוונמ סס בוו ופ	fald pl p	Si → Vaya No	
					espiral en las trompas de Falopio; este método
	5e	actualment	serazada	lmə bəteu ste∃.	mujeres se esterilizan introduciendo un pequeño
			אווומ ום:	ied ej uə 92 ejunl	femenina como la esterilización tubárica (también preg llamada "ligadura de trompas"), "Essure" (algunas
१ ७ ७ १७	v ,esure, v	e trompas o		ı a obitəmos ah ə eq el qə ƏZ etqur	LICIONETILI DOCO ON LICIONI DO NUN N CONDUITO DE COS
□ g	□Þ	⊒ε	Z		r. Nadie puede notar que estoy usando el método
2	□Þ	3	Z		 q. Tengo control sobre cuándo y si usar el método
 g	□Þ	⊒ε	Z		p. Soy responsable de usar el método y no mi pareja sexual
_ g	□Þ	⊒ε	Z		o. El método es muy eficaz para prevenir el embarazo
□g	\Box_{t}	3	z		n. El método no cambia mis períodos menstruales
g	\Box \forall	3	Z	□ı	m. El método protege contra las infecciones de transmisión sexual
g	\Box $ to$	3	Z	□ı	I. El método tiene un beneficio para la salud
□g	\Box $ to$	3	Z	□ı	k. El método no perjudica el disfrute sexual de mi pareja
□g	\Box $ to$	3	Z	□ı	j. El método no me quita el disfrute sexual
□g	\Box_{t}	3	z		i. El método tiene pocos o ningún efecto secundario
 9	\Box \forall	3	Z	□ı	h. Puedo conseguirlo sin ver a un médico o sin ir a una clínica
g	\Box \forall	3	z		g. El método es fácil de conseguir para mí
G	\Box $ to$	3	z	□ı	f. Utilizo el método sólo cuando voy a tener relaciones sexuales
П.	П.	П.		□.	e. No tengo que acordarme de usar el método cada vez que tengo
□ g	□t □.	□ε □•		□ .	d. El método es fácil de usar Allo tendo que acocrdarme de usar el mátodo cada vez que tengo
□g □g	□♭ □₊	□ε □°	□z □-	□ı □ı	c. El método es asequible
g	□Þ	3	2		slasu Aldimass sa obotám 13
□g	□Þ	□ε	□z		b. Puedo quedar embarazada inmediatamente después de dejar de
					momento
contestar	9s oN ₽	absoluto 3	oglA □s	Extremadamente	a. Puedo dejar de usar el método anticonceptivo en cualquier
Prefiero no	70 0 N	na sbsN	2210		
					anticonceptivo utilizar?
	obotèm	decidir qué	pora de	acterísticas a la	SQué importancia tiene para usted cada una de las siguientes car

	□9 □9			□ ε	□z □z	□ı □ı	Mantener la información sobre mí y mi cuidado privado Tener traducción disponible cuando la quiero / la necesito	
	9 □9		_	ε ε	□z		Me dio suficiente información para tomar la mejor decisión sobre mi método anticonceptivo	
	<u></u> 9		g Dp	Ξε	Z	□ι	anticonceptivo Tomó con seriedad mis preferencias de método anticonceptivo	.c
	□9 □9			<u>□</u> ε	□z □z	□ı □ı	Me respetó como persona Me permitió hablar sobre lo que me importaba de mi método anticonceptivo	
Prefiero no contestar	ês oN □a	elente		Bueno		Insatisfactorio		
q cou	sbilsten	de la	a el control	ente par	mətnəiə	a vio más re	r favor califique al proveedor de atención médica que ustec pecto a las siguientes cualidades.	
SI so	omitlù sol	uə ec	nibėm nòione				o recibido alguno de los servicios en pregunta 51 de un doctor , vaya a la pregunta 53 en la pagina 12. De lo contrario, contina	
□Þ	□s □z		e GYN	general d Jeneral d Jere	oənbəy:	f. Un c		
□ŧ	□z □z	∐ı		oibèm nó razada di sembara	dar emba imo año	oeup próx		
□ŧ	□s □z		loctor, ona que	os tado un c otra perso	sonceptiv a pregun rmera u o	antio d		
□ŧ	□s □s		onado con e conceptivo o métodos	itodo anti onsejería	èm nu əb ə obidiəə	uso c. Har		
□t □t	□ε □z □ε □z		o oən	o recetad onceptivo o un cheq	odo antico an hecho	méto h əd .d		
Prefiero no contestar	ės on	įS	23,212 21	,		-1-1		J□z
ənb	ยเรดเล	ous k	; n doctor u	sos de la solo la section de l			rsidere su médico o proveedor de atención médica?	
			, Sha recibi				ene usted una o más personas o lugares que usted	
				ntestar		Prefile	7 a 12 meses Prefiero no contestar	
						anuM □ ⁸	səsəm a s	
				sķm ((c ab de 5)	ง 3 meses	
			ace más de		somiłlù a	2) 3 □ En los	or cuántos de los últimos 12 meses estuvo usted I seguro de salud?	
ah sona			sb sonem St ab sonem	i əəseh) oř	último ai	lə n∃ □ ١	orefiero no contestar	
	e realiza	s ou ə	a lesión, eni a lesión, eni	osisif nən nu əb sis	uexə un s	sə anitur como co	iSi ←← is pregunta 49	l □ z S □ l
əs.	ra hacer o de	co bs	ib <mark>èm la bet</mark> a rutina? Un o	ue fue us eral, de i	p ojnšu: neo gen		30 St somitlù sol etantub bulas de salud durante los últimos 12	

						1
□Þ	Ξε	□z	□ı	attura de salud	h. Actualmente no tengo ningún seguro de salud o plan de cobe	
□Þ	Ξε	2		le salud. Especifique:	g. Cualquier Otro tipo de seguro de salud o plan de cobertura d	
□Þ	⊒ε	Z			f. Servicio de salud indígena	
\Box $ to$	$\Box \epsilon$	Z			e. TRICARE u otro cuidado de la salud militar, incluyendo el cu	
		□-	П.	er tipo de plan o asistencia discapacidades. Usted puede cia Médica de Maryland,	 dedicaid, Asistencia Médica (MA, por sus cifras en inglés), F médico para niños (CHIP, por sus cifras en ingles) o cualquie patrocinada por el estado o gobierno basado en ingresos o c conocer a este tipo de cobertura como Programa de Asistend Maryland Health Choice, o el Programa de Salud Infantil de I 	
∐† □†	□ε □ε	□z □z	□ı □ı		c. Medicare, para las personas mayores de 65 años o persona:	
□ ₹	3	<u> </u>	□ ŀ	pop;sousos;p sumpp ass s	tales como marylandhealthconnection.gov.	
□♭	3	□z			b. Seguro comprado directamente de una compañía de seguro de la familia). Esto incluiría cobertura adquirida a través de u	
□♭	<u></u> ε	□z	□ι	r (por usted u otro miembro	a. Seguro por medio del empleador o sindicato actual o anterio de la familia). Esto incluiría la cobertura de COBRA.	
Prefiero no contestar	ès oN	οN)S			
				fipos de seguro médico?	Está actualmente cubierta por cualquiera de los siguientes	9
				.еліторо	n la siguiente sección, nos gustaría saber más sobre su salud repr	3
				AVITOUGDA43A C	SECCIÓN F. SALUI	
					o⊓ Prefiero no contestar	
					9 O N □ 2	
					³ ☐ \$Rentada? ↓ ☐ \$Ocupada sin pago de renta?	
					 Propiedad suya o de alguien en este hogar libre de todo gravamen (sin una hipoteca o préstamo)? □ : Pentada? 	
					hipotecaria.	
				² ☐ Prefiero no contestar	Propiedad suya o de alguien en este hogar con una hipoteca o préstamo? Incluya préstamos con garantía	
				JS □ ı	preguntarle sobre su situación de vivienda actual. La casa, departamento, o casa móbil en la que vive es	
uo	ı aıreccı	ns ua asc		b o obnaiviv obstaa eH s actual por más de 2 mes	Para el siguiente grupo de preguntas, me gustaría	U
uy	iocovib .	10 40 000	haòban	a a abaaiviy abataa allı	² ☐ Prefiero no contestar	
				5 ☐ Prefiero no contestar	ès oN □ ¹	
				L No, yo vivía en una cas Letados Unidos	Horas por semana	
		tamento o	ede o es	2 ☐ No, yo vivia en una cas	Durante los ÚLTIMOS 12 MESES, Scuántas horas trabajó cada SEMANA en general?	0
) ons i			Vivía en esta casa o ap Si ── Vaya a la preg	2☐ Prefiero no contestar	
	G-2-1	, , , , ,		²☐ Prefiero no contestar	9s oN □,	
				ès oV □¹		
				soñin əb orəmùM	los últimos 12 meses? Por favor reporte la cantidad que usted gana antes de impuestos. Su mejor estimación está bien.	
uə uə	AIA DEDE	əp sour	e ar əb s	S. Suántos niños menore su hogar?	ne la cantidad total de ingresos que recibió en	6
3.5 3.6	in la sha	-1	37 -1	2 22, 32,31	3 ☐ Prefiero no contestar ← Vaya a la pregunta 40	
				_ Prefiero no contestar	\tag{41} \tag{41} \tag{60} \t	
			וומפ	Múmero de perso 1 □ No sé	JS□ı	
					ingreso de sueldos, salarios, comisiones, bonos o propinas?	
əs	s o nəvi	rsonas /		2. Incluyéndose a Ud., Scu duedan en esta direcció	Ahora, por favor tomando en cuenta solamente a usted misma. Durante los últimos 12 MESES, ¿recibió algún	Ω

	³☐ Prefiero no contestar	
	0N □ z	
	!S □ ι	
	universitaria.	
15 ☐ Prefiero no contestar	o a un título profesional más alto que una licenciatura	
ès oV □¹ſ	un diploma de escuela secundaria o un título universitario,	
13 ☐ \$150,000 dólares o más	universidad? Incluya sólo instituciones que conducen a	
12 ☐ Entre \$100,000 y menos de \$150,000 dólares	3 MESEŠ, ¿ha estudiado usted en una escuela o	
	En cualquier momento DURANTE LOS ÚLTIMOS	34
The Entire \$75,000 y menos de \$100,000 dólares		
10 ☐ Entre \$60,000 y menos de \$75,000 dólares	Prefiero no contestar □ 8	
⁹ Εntre \$50,000 γ menos de \$60,000 dólares	ês oN □ s	
8 ☐ Entre \$40,000 y menos de \$50,000 dólares	4 ☐ Otra cosa	
√ ☐ Entre \$35,000 y menos de \$40,000 dólares		
6 ☐ Entre \$30,000 y menos de \$35,000 dólares	³ ☐ Bisexual	
5 ☐ Entre \$25,000 y menos de \$30,000 dólares	² ☐ Heterosexual, es decir, no gay o lesbiana	
	r Lesbiana o Gay	
4 ☐ Entre \$20,000 y menos de \$25,000 dólares	I WILLIAM I A ON LIAISIMIAN	
$^3\square$ Entre \$15,000 y menos de \$20,000 dólares	definición de sí misma?	00
² ☐ Entre \$10,000 y menos de \$15,000 dólares	us rojem edescribe mejor su	33
¹ ☐ Menos de \$10,000 dólares		
los ingresos anuales su hogar fueron:	³ ☐ Prefiero no contestar	
.Y si Usted tuviera algunas categorías? Diría usted que	oN □ ²	
·	!S □ ι	
—stesfero no contestar	,3 🗔 ,	
ès oN □ r ¬	romántica?	
\$.Actualmente vive Ud. con un cónyuge o pareja	32
durante el año académico.	Prefiero no contestar	
de residencia estudiantil o un apartamento que sólo alquile	₂ ☐ Nnucs he estado casado	
en este momento, aún cuando se trate de una habitación	4 ☐ Separada	
es estudiante, incluya los ingresos del hogar donde vive		
de los impuestos? Su mejor estimación está bien. Sí	_ Divorciada	
Saproximadamente cuál fue su ingreso colectivo, antes	sbui√ □ [⊆]	
ingreso familiar de todas las fuentes en el 2020,	abasa3 □¹	
Fn estudios como este, la gente es agrupada según los ingresos de toda la familia. Pensando en su	Scuál es su estado civil actual?	10
aines cheamac so otano el otan emos soibutan al	Steutae livia obstagua ag lèu 3:	TE
⁶ ☐ Prefiero no contestar	Prefiero no contestar	
. v . v . v . v . v . v . v . v . v . v		
St somitlù sol ne sleuces ann o ojadart nu obajeb en UO 🍱 ð		
nòzsr alguna otra razón □ 4	6 ☐ Otro, por favor especifique:	
responsabilidades de cuidado	5 ☐ Nativa de Hawái o de las Islas del Pacífico	
$^3\Box$ Tuve que asumir responsabilidades de crianza u otras	⁴ ☐ India Americana o nativa de Alaska	
² ☐ Quedé embarazada	³ ☐ Asiática o Asiática Americana	
¹ ☐ COVID-19 (Coronavirus)		
(*************************************	2 ☐ Blanca	
neplique	nspara o Afro-Americana □ l	
una escuela porque? Por favor marque todos los que	raza?	
6 En los ÚLTIMOS 12 MESES, ¿dejó usted un trabajo o	Cuál de las siguientes opciones describe mejor su	30
	mention officers and construction of the 13 mag.	V
Prefiero no contestar □ 9		
8 🗌 No puede trabajar	satesiero no contestar □£	
sbalidut. □ ⁷	oN □ ²	
	!S □ ι	
e ☐ La persona que se ocupa de las tareas de la casa	Liquindos o formas formados residentes de la companya de la compan	
5 ☐ Ha estado desempleada por menos de 1 año	SEs usted de origen hispano, latino, o español?	59
4 ☐ Ha estado desempleada por 1 año o más		
³ ☐ Estudiante	3 ☐ Prefiero no contestar	
2 🗆 Trabajadora independiente (autoempleada)	² □ Fuera de los Estados Unidos	
¹ ☐ Empleada asalariada	Rico, Guam, etc.)	
-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	↑ En los Estados Unidos (incluyendo sus territorios: Puerto	
nəupilque əup		
SE usted actualmente? Por favor marque todos los	Sòiosa ebnòb n∃.	82

Ahora nos gustaría hacer algunas preguntas con respecto a sus antecedentes. Completado? Completado? Completado? A Uunca asistió a la escuela o solo asistió al jardín de niños al Grados 1 a 8 (primaria) A Grados 1 a 8 (primaria) A Grados 9 a 11 (alguna escuela secundaria) A Grado 12 o GED BS, BBA) Itítulo de licenciatura universitaria (por ejemplo: BA, AB, BS, BBA) BS, BBA) BS, BBA) 10 Título de Maestría 9 Título de Doctorado 10 Título de Doctorado	a. Condón masculino b. DIU (Mirena®, Paragard®, Skyla®, Liletta®, o Kyleena®) c. Implante anticonceptivo (Implanon® o d. Inyecciones anticonceptivas (Depo-Provera®, también se le conoce como d. Inyeccion» d. Inyecciones anticonceptivas (Depo-Provera®, también se le conoce como mile inyección") e. Píldoras (o pastillas) anticonceptivas f. Anillo vaginal (NuvaRing®) f. Anillo vaginal (NuvaRing®) g. Otro método, por favor especifique: g. Otro método, por favor especifique:
SECCIÓN E. INFORMACIÓN DEMOGRÁFICA	Sabe cómo USTED puede conseguir cualquiera de los siguientes métodos anticonceptivos gratis o a bajo costo? (GRATIS se refiere a que usted no tiene que pagar nada de su bolsillo.)
Escriba un número entre 0-3	SECCIÓN D. FUENTES DE INFORMACIÓN SOBRE LA ATENCIÓN MÉDICA
En la siguiente lista de experiencias de salud, cuántas de ellas ha tenido (o experimentado) usted personalmente? No es necesario decir cuáles, solo cuántas - Alguna vez ha utilizado un método anticonceptivo (así anticonceptivas) - Tenido un embarazo ectópico o tubárico en el último año - Ha tenido su presión arterial medida	3 ☐ Debido a mi orientación sexual 4 ☐ Debido a mi actividad sexual o estilo de vida 5 ☐ Por mi presentación de género 6 ☐ Por alguna otra razón, por favor especifique: 7 ☐ Preflero no contestar
Escriba un número entre 0-4 No sé □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Somo fue usted tratada injustamente? Me trataron injustamente? Me trataron injustamente Por favor marque todos los que apliquen. □ Debido a mi raza / origen étnico □ □ Debido a que el inglés no es mi primera lengua
En la siguiente lista de experiencias de salud, cuántas de ellas ha tenido (o experimentado) usted personalmente? No es necesario decir cuales, solo cuantas. - Alguna vez ha utilizado o tomado un medicamento por lo cual necesitaba una receta médica - Alguna vez ha tenido una prueba de Papanicolaou - Alguna vez ha tenido una prueba de Papanicolaou - Alguna vez ha tenido una sporto (terminó un embarazo a - Diagnosticada con cáncer de mama en los últimos 10 años	 Mi seguro médico no cubre el método que quiero. ⁵ No pude comunicarme con un médico, una clínica o farmacia por teléfono ⁶ Una vez que llegué al médico, a la clínica o a la farmacia, el tiempo de espera era demasiado largo para ser atendida por algún profesional de salud ⁷ ∀o no tenía el transporte ni a nadie que me llevara a la clínica \ farmacia ⁸ Yo fui tratada injustamente. ⁹ Otro: Por favor especifique:
rentation de una cinica. ¹ □ Verdadero ² □ Falso 3 □ Depende del tipo de método anticonceptivo.	dentai + on tavor manduc rodos nos que apriduen: 2 ☐ Estaba fuera de mi alcance económico 3 ☐ No tenía seguro de salud
Verdadero o Falso: Usted puede comenzar cualquier método anticonceptivo que desee durante una visita al consultorio de una clínica.	SPor qué se retrasó en conseguir o tuvo problemas para conseguir el método anticonceptivo que usted quería? Por favor marque todos los que apliquen.

8 enipeq	
2 ☐ No → Vaya a la pregunta 24 en la pagina 8 3 ☐ Prefiero no contestar → Vaya a la pregunta 24 en la	4 ☐ Prefiero no contestar
!S □	ès oN □ε
conseguir el método anticonceptivo que quería?	ON
En los últimos 12 meses, ¿por alguna razón, usted se hat u tetrasado en conseguir o ha tenido problemas para	Condones masculinos o preservativos 1 □ Sí
³□ Prefiero no contestar	
oN □ z	² ☐ No 3 ☐ Prefiero no contestar
!S □ ι	!8 □
En los últimos 12 meses, ¿ha necesitado algún método anticonceptivo pero fue demasiado caro?	Si respondió que sí, ¿Alguna vez se sintió presionado por un proveedor médico para conservar el implante que usó por última vez o que sigue usando?
4 ☐ Preflero no contestar	3 ☐ Prefiero no contestar
9S ON □ E	ès oV □²
oN □z	↑ Todavía estoy usando ese implante
	Mes:
¹ ☐ Sí, especifique:	Sen qué mes y año se lo quitaron? Si no puede recordar exactamente, por favor dé su mejor estimación.
Cualquier otro método no mencionado previamente	Si respondió que sí, Si ya no está usando ese implante,
4 ☐ Preflero no contestar	2 ☐ Preflero no contestar
es oV □ se	es: Año: Año: bas oN □ t
oN □ z	log V
JS □ ı	exactamente, por favor dé su mejor estimación
Operación masculina (esterilización o vasectomía de la pareja sexual)	10 □ Prefiero no contestar Si respondió que sí, ¿En qué mes y año le insertaron el implante por última vez. Si no puede recordarlo
	astestass on sustant Dit
³ ☐ No sé ⁴ ☐ Prefiero no contestar	
oN □s	⁸ ☐ Quiero el control sobre cuándo y si usar el método ⁹ ☐ Alguna otra cosa, por favor especifique:
JS □ L	7 ☐ Mi proveedor no discutió implantes conmigo.
del dis siguiente, también conocida como "Plan B"® o Ella®)	6 ☐ Me preocupa el procedimiento para insertar o extraer el implante
La pildora anticonceptiva de emergencia (la pildora	s ⊟ No me siento cómoda pidiéndole un implante a mi In médico
4 ☐ Preflero no contestar	4 ☐ Para evitar efectos secundarios negativos
ès oV □ €	3 ☐ Debido a mis creencias (religiosas o no)
oN □z	² ☐ No estoy familiarizada con este método anticonceptivo
JS □ ı	due discentificating and alto alto
psssl del cuerpo).	Si respondió que no, ¿cuál es la razón principal por la que usted nunca ha usado un implante?
Los métodos de planificación familiar natural (fambién llamado calendario / método del ritmo, femperatura	4 ☐ Prefiero no contestar
	şs oN □ε
4 ☐ Prefiero no contestar	P S □ NO
9S ON □ε	
ON □z JS □ L	lmplante (Implanon® o Mexplanon®)
capuchón cervical, condón femenino)	sola vez?
	Alguna vez usted <u>ha utilizado</u> alguno de estos métodos anticonceptivos, incluso si ha utilizado el método una

sola vez? anticonceptivos, incluso si ha utilizado el método una sobotèm sotse eb onugla <u>obszilitu ad</u> beteu zev anuglA.

DIU (Mirena®, Paragard®, Skyla®, Liletta®, o Kyleena®)

JS □ ι•

³☐ Prefiero no contestar	
oN □s	
!S □ ι	
por un proveden medico para managoni di proveden de cigue usando?	
→ Si respondió que si, ¿Alguna vez se sintió presionada por un proveedor médico para mantener el DIU que usó	
3 ☐ Preflero no contestar	
ès oN □s	
Uld ese obnasu yotse alvour □ ¹	
Mes: Año:	
estimación.	
Si no puede recordar exactamente, por favor dé su mejor	
→ Si respondió que si, Si ya no está usando ese DIU, Sen qué mes y año se lo quitaron o se lo expulsaron?	
² ☐ Preflero no contestar	
se oN □¹	
Mes: Año:	
1050	
por favor dé su mejor estimación.	
DIU por última vez? Si no puede recordarlo exactamente,	
PSi respondió que sí, ¿En qué mes y año se colocó el	_
refiero no contestar	
ès oN □8	
5 años)	
6 To anos, tannos econos es reinnos, tannos de conso de	
⁴ □ Paragard [®] (DIU sin hormonas utilizado por un máximo de 10 años, también se conoce como la "T de cobre")	
de 3 años)	
³ 🗌 Skyla® (DIU hormonal utilizado por un máximo	
ge ρ suggest	
omixèm nu noq obsizilju lermonal U[l] Mirena® (DIU hormonal utilizado por un máximo	
omixâm nu 1oq obsziliżu lanoman UIO) □Liletta (UO)	
Por favor marque todos los que apliquen.	
Sobesilitu ed DIU èups, ¿aup dibnages is	_
10 ☐ Prefiero no contestar	
9 ☐ Alguna otra cosa, por favor especifique	
Δuiero el control sobre cuándo y si usar el método	
sUla sol ogimnoo discutió conmigo los DIUs	
6 Me preocupa el procedimiento para insertar o extraer el DIU	
5 Mo me siento cómoda pidiendole un DIU a mi médico	
⁴ ☐ Para evitar efectos secundarios negativos	
³ ☐ Debido a mis creencias (religiosas o no)	
² ☐ No estoy familiarizada con este método anticonceptivo	
olls obsisans es demasiado alto	
cual <u>usted no usa</u> el DIÚ?	
Si respondió que no, ¿cuál es la razón principal por la	
Prefiero no contestar	
ès oN □8	
oN □ ²	-

² ☐ No sé 4 ☐ Preffero no contestar
!S □ ι
Píldoras (o pastillas) anticonceptivas Por favor marque Sí, incluso si está / estaba tomando pastillas anticonceptivas por razones distintas para prevenir el embarazo.
1 Sf 2 No 3 □ No sé 4 □ Prefiero no contestar
Coito interrumpido (también llamado "terminar afuera")
Alguna vez usted <u>ha utilizado</u> alguno de estos métodos anticonceptivos, incluso si ha utilizado el método una sola vez?
métodos para prevenir el embarazo, incluidos condones, pildoras anticonceptivas, Depo-Provera (la inyección), DIU, implantes y métodos sin receta como extracción o "extracción". También incluye métodos permanentes como esterilización (tubos atados, histerectomía o vasectomía) y otros métodos que podría usar, incluso si los usa por otras razones que no sean para evitar el embarazo.
Las siguientes preguntas son sobre el uso de anticonceptivos. El control de la natalidad se refiere a TODOS los diferentes

Anillo vaginal (Nuvaring® u otros)

Parche anticonceptivo (Evra® u otro)

4 ☐ Prefiero no contestar

ès oN □ε oN 🗆 s JS □ ι

COVID-19 wi metodo anticonceptivo debido al d. No pude obtener, o tardé en obtener, □z □ı reproductiva debido al COVID-19 recibir atención de salud sexual o la visita a mi médico o clínica para .o Tuve que retrasar, cancelar u omitir □z □l un empleo debido a COVID-19 en las horas de trabajo o pérdida de familia experimentó— una reducción dependiente o miembro cercano de la b. Yo experimenté — o una pareja, un □z □l haber contraído COVID-19 diagnosticado con o sospechoso de o miembro cercano de la familia fue-□z □l a. Yo fui —o una pareja, un dependiente 3 contestar ON IS 3 ☐ Prefiero no contestar → Vaya a la pregunta 7 Prefiero 2 ☐ No → Vaya a la pregunta 7 cada evento. Es posible que haya más de una respuesta siguientes maneras? Por favor, responda Sí o No para cualquier razón, pero no pudo obtenerlo? que necesitó cuidado de salud para usted misma, por (coronavirus) le ha afectado de alguna de las En los últimos 12 meses, ¿hubo algún momento en En el año pasado, la pandemia de COVID-19 3 ☐ Prefiero no contestar 13 Prefiero no contester ON 2 !S □ ı 12 Por alguna otra razón, Especifique: especialistas (por ejemplo, ginecólogo, dentista, oculista). bor mi seguro de emergencias, visitas médicas de rutina y visitas a $^{11}\,\square$ No estaba segura de cuánto del cuidado estaría cubierto de atención médica, incluyendo urgencias, visitas a salas orugas seguro □ or atención médica o de salud? Incluya todos los servicios En los últimos 12 meses, ¿ha recibido algún tipo de ⁹ ☐ No tuve tiempo para ir 8 ☐ No tenía transporte [↑] No pude conseguir una cita pronto Prefiero no contestar 6 ☐ No pude llegar allí cuando estaba abierto slaM 🗆 8 $5 \square$ El lugar donde me atendieron estaba demasiado lejos. 4 🗌 Regular ⁴ ☐ Yo no sabía a dónde ir 3 □ Buena ² ☐ Muy Buena 3 Estaba fuera de mi alcance económico COVID-19. ² ☐ El lugar al que suelo ir estaba cerrado por culpa de ¿Diría usted que su estado de salud general es...? ¹ ☐ Me preocupaba la exposición a COVID-19.

SECCIÓN B. SALUD GENERAL

Por favor marque todos los que apliquen.

Secibém noice atención médica?

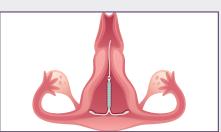
Es importante que recibamos una respuesta de todo hogar seleccionado para este estudio. preguntas en esta página y devuélvanos el folleto en el sobre adjunto. [40TS] Si nadie en su hogar es una mujer (o Transgénero) de 18 a 44 años, responda las dos 5 ☐ Prefiero no contester ⁴ ☐ No me identifico como mujer, hombre ni transgénero ³ ☐ Transgénero 2 ☐ Hombre ¹ ☐ Mujer Sonan género? 10 ☐ Prefiero no contester ès oN □6 sèm o ∂4 □8 *tt*-0*t* □ ∠ 6E-9E ₉ ₽2-08 □ 9 4 □ 52-29 3 □ 20-24 61-81 □s 81 eb soneM □1 → ¿Y si Ud. tuviera algunas categorías? ¿Es su edad... Por favor marque solo uno. 🗖 🗀 Prefiero no contestar :oñA :səM En qué mes γ año nació? SECCIÓN A. Preselección

MÉTODOS ANTICONCEPTIVOS

Los siguentes son sólo algunos de los métodos anticonceptivos que serán mencionados en la encuesta. Por favor reflérase a esta página si usted tiene alguna duda sobre algún métodoanticonceptivo.

DIU (Mirena®, Paragard®, Skyla®, Liletta®, o Kyleena®)

Un DIU (DIU es sinónimo con "dispositivo intrauterino") es un dispositivo anticonceptivo que se inserta en el útero de una mujer.



Algunos DIU como Mirena, Liletta, y Skyla contienen una pequeña cantidad de hormonas que se liberan lentamente durante muchos años (3-6 años dependiendo del DIU) e impiden que una mujer quede embarazada. El DIU Paragard está hecho de cobre, que no contiene ningún tipo de hormonas, y puede impedir que una mujer ningún tipo de hormonas, y puede impedir que una mujer quede embarazada por un máximo de 10 años.

Los métodos de planificación familiar natural (también llamado calendario / método del ritmo, temperatura basal del cuerpo).

por lo tanto se debe evitar tener relaciones sexuales. ella tiene más probabilidades de quedar embarazada y fluidos cervicales cambian y eso señala el tiempo que punto en el mes durante el cual su temperatura y los y el líquido de su cuello uterino todos los días. Hay un que las mujeres hagan un seguimiento de su temperatura de la temperatura basal del cuerpo. Este método requiere naturales de planificación familiar se basan en el método Finalmente, algunas mujeres que utilizan métodos días que son representados por los granos blancos. y ella no debe tener relaciones sexuales durante los embarazada. Cada grano representa cada dia del mes seguimiento de cuando es más probable que quede utilizar los granos de ciclo para ayudarles a hacer un de su ciclo menstrual). Las mujeres también pueden probablemente pueden quedar embarazadas a la mitad, quedar embarazada (las mujeres son más fértiles, y el tiempo que una mujer tiene más probabilidades de no tienen relaciones sexuales pene-vagina durante o el "método del ritmo", que significa que las parejas familiar natural incluyen el "Método del calendario" sin medicación. Algunos métodos de planificación parejas pueden utilizar para prevenir el embarazo comportamientos o estrategias que las mujeres y sus Los métodos de planificación familiar natural incluyen

Parche anticonceptivo (Evra® u otro)

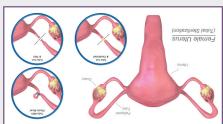


Depo-Provera® (también llamado "la inyección")



Operación femenina (esterilización, ligadura de trompas, Essure®)

Algunas mujeres se esterilizan por medio de la inserción de un pequeño dispositivo dentro de las dentro de las



Falopio; este método se llama "Essure®".

Implant (Implanon® o Nexplanon®)

El implante anticonceptivo se llama Nersión anterior

se llamaba Implanon). El implante es una varilla que se inserta en el interior del brazo de una



mujer. El implante contiene una pequeña cantidad de hormonas que se liberan lentamente para evitar que una mujer quede/salga embarazada. El implante es eficaz por un máximode 3 años.

INSTRUCCIONES DE LA ENCUESTA

Por favor marque su respuesta con una "X" utilizando tinta azul o negra, como se muestra en los ejemplos que figuran a continuación.



Las preguntas que le haremos tienen que ver con sus opiniones y su entendimiento acerca de una variedad de temas importantes. Algunos temas pueden ser sensibles para usted, y usted puede negarse a contestar cualquier pregunta para indicar que 'No sabe' o que 'Prefiere no contestar'.

COMIENCE AQUÍ

MORC de la Universidad de Chicago le pide su ayuda con un estudio importante sobre la salud de las mujeres. La información que nos pueda proveer le ayudará a los investigadores comprender mejor los métodos anticonceptivos que utilizan las mujeres y sus opiniones acerca de estos métodos. También le haremos preguntas sobre sus experiencias recibiendo cuidado de salud reproductiva y otras cuestiones sobre su salud y bienestar.

Algunos temas pueden ser delicados para usted y usted puede negarse a responder a cualquier pregunta. La encuesta toma alrededor de 15-20 minutos para completar. Su participación es voluntaria y usted podrá omitir cualquiera de las preguntas. Si Ud.es elegible y completa la encuesta, le ofreceremos un código de regalo adicional de \$10 a su elección de Amazon, Target o Walmart. Si usted tiene preguntas sobre sus derechos como participante de la encuesta antes de iniciar la encuesta, puede llamar al Administrador de la Junta de Revisión Institucional de NORC (llamada grafuita) al 1-866-309-0542.

La información que usted proporcione será utilizada por el equipo de investigación de NORC únicamente para fines estadísticos. Nosotros haremos todo lo posible para proteger la confidencialidad de toda la información a terceros. Sin embargo, nadie puede garantizar la confidencialidad absoluta de los datos que se envían a través del Internet. Los datos que usted proporcione serán almacenados en las computadoras seguras de NORC con protección por contraseña y sólo el personal serán almacenados en las computadoras seguras de NORC con protección por contraseña y sólo el personal autorizado de NORC tendrá acceso a los datos.

Sus opiniones son muy importantes para nosotros, y apreciamos mucho su ayuda.

Si se encuentra con dificultades durante la encuesta, por favor llámenos por línea gratuita al

7907-968-778-1

o mándenos un correo electrónico a

womenshealth@norc.org

Esta encuesta debería ser completada por una mujer del hogar entre las edades de 18-44 años.

¿Quién debería completar el estudio?



Waryland Manyland Market Maryland Market Mar