

Delaware SURVEY OF WOMEN



Who should answer this survey?

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

[SUID]

Version A

SURVEY INSTRUCTIONS

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

Examples:

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

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

START HERE

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.

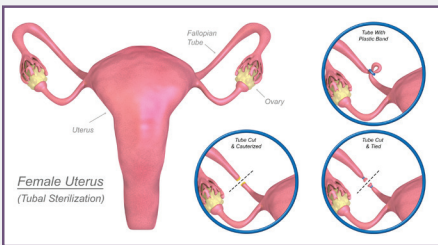
Birth control patch (Evra® or other)



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®”.

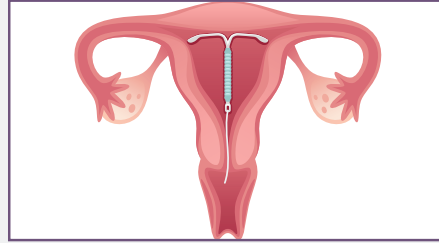
Implant (Implanon® or Nexplanon®)



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 A. SCREENER

1 In what month and year were you born?

Month
Year

¹ Prefer not to answer

→ What if you had some categories? Is your age...

¹ Under 18

² 18-19

³ 20-24

⁴ 25-29

⁵ 30-34

⁶ 35-39

⁷ 40-44

⁸ 45 or older

⁹ Don't know

¹⁰ Prefer not to answer

2 What is your gender?

¹ Female

² Male

³ Transgender

⁴ Do not identify as female, male, or transgender

⁵ Prefer not to answer



If no one in your household is female or transgender ages 18-44, answer the two questions on this page and return the booklet to us in the enclosed envelope. It is important that we receive a response from every household selected for this study.

SECTION B. GENERAL HEALTH

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

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

4 In the past 12 months, have you received any medical 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).

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

5 In the past 12 months, have you received medical care or health care from any of the following places?

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

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?

- 1 Yes
 2 No → Skip to Question 8
 3 Prefer not to answer → Skip to Question 8

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

- 1 I was concerned about exposure to COVID-19.
 2 The place I usually go was closed because of COVID-19.
 3 I couldn't afford it.
 4 I didn't know where to go.
 5 The place where I got care was too far away.
 6 I could not get there when it was open.
 7 I could not get an appointment soon enough.
 8 I did not have transportation.
 9 I didn't have time to go.
 10 I didn't have insurance.
 11 I was unsure about how much of the care would be covered under my insurance.
 12 Some other reason why
 Please specify why:

- 13 Prefer not to answer

8 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.

	Yes	No	Prefer not to answer
a. I, a partner, a dependent or close family member was diagnosed with, or suspected to have contracted, COVID-19	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
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	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. I had to delay, cancel or skip visiting my doctor or clinic for sexual or reproductive health care due to COVID-19 reasons	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. I was unable to get, or delayed in getting, my birth control method due to COVID-19 reasons	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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 ever used any of these birth control methods, 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

10 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

11 Birth control patch (Evra® or other)

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

12 Vaginal ring (Nuvaring® or other)

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

13 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?

14 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:

- 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

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

15 Implant (Implanon® or Nexplanon®)

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

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

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

- 10 Prefer not to answer

→ If yes, in what month and year did you last have an Implant 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 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

→ 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?

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

16 Male condoms

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

17 Other barrier methods (diaphragm, sponge, cervical cap, female condom)

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

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

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

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

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

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

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

21 Any other method not mentioned previously

- 1 Yes, please specify the other method:

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

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

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

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

- 1 Yes
- 2 No → Skip to Question 25 on Page 8
- 3 Prefer not to answer → 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.

- 1 COVID-19 made it difficult.
- 2 I couldn't afford it.
- 3 I didn't have health insurance.
- 4 My health insurance doesn't cover the method I want.
- 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 too long to see someone.
- 7 I didn't have transportation or a ride to the clinic/pharmacy
- 8 I was treated unfairly.
- 9 Other, please specify:
- 10 Prefer not to answer

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

- 1 Because of my race/ethnicity
- 2 Because English is not my first language
- 3 Because of my sexual orientation
- 4 Because of my sexual activity or lifestyle
- 5 Because of my gender presentation
- 6 Other, please specify:
- 7 Prefer not to answer

SECTION D. SOURCES OF MEDICAL CARE INFORMATION

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

	Yes	No	Prefer not to answer
a. Male condoms	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Implant (Implanon® or Nexplanon®)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Depo-Provera® (also called "the shot")	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Birth control pills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. NuvaRing® (vaginal birth control ring)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Other method, please specify: <input style="width: 200px; height: 20px;" type="text"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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

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

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 is needed
- Ever had a pap smear
- Diagnosed with breast cancer in the past 10 years

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

27b On this next list of health experiences, how many of these have you personally experienced? You don't need to say which ones, just how many.

- Ever used a birth control method (such as: pills, an IUD or implant, condoms, or the shot)
- Had an abortion (ended a pregnancy on purpose) in the past 5 years
- Had a tubal or ectopic pregnancy in the past year
- Ever had your blood pressure measured

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

SECTION E. DEMOGRAPHICS

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

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

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 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

29 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

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

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

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

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

7 Prefer not to answer

32 What is your current marital status?

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

33 Do you currently live with a romantic partner?

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

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

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

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

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

36 Are you currently...? *Please check all that apply*

- 1 Employed for wages
- 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
- 9 Prefer not to answer

37 In the PAST 12 MONTHS, did you leave a job or school because...? *Please check all that apply*

- 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

38 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 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.*

\$

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

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
- 4 \$20,000 to less than \$25,000
- 5 \$25,000 to less than \$30,000
- 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
- 13 \$150,000 or more
- 14 Don't Know
- 15 Prefer not to answer

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

- 1 Yes
- 2 No → Skip to Question 42 on Page 10
- 3 Prefer not to answer → Skip to Question 41 on Page 10

40 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

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

Hours per week

- 1 Don't Know
2 Prefer not to answer

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

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

43 Including you, how many people live or stay at this address?

Number of people

- 1 Don't Know
2 Prefer not to answer

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

Number of children

- 1 Don't Know
2 Prefer not to answer

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

- 1 Yes → *Skip to Question 47*
2 No, I lived in a different house or apartment in Delaware
3 No, I lived in a different house or apartment in another state
4 No, I lived in a different house or apartment outside of the United States
5 Prefer not to answer

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

- 1 Yes
2 No
3 Prefer not to answer

SECTION F. REPRODUCTIVE HEALTH

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?

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

48 Did you have health insurance during all of the past 12 months?

- 1 Yes → Skip to Question 50
- 2 No
- 3 Prefer not to answer

49 For how many of the past 12 months were you WITHOUT health insurance?

- 1 Less than 1 month
- 2 1 to 3 months
- 3 4 to 6 months
- 4 7 to 12 months
- 5 Prefer not to answer

50 Do you have at least one person or place you think of as your personal doctor or health care provider?

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

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

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

52 In the past 12 months, have you gone to a doctor or other healthcare provider for:

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

If you have not gone to a doctor or other healthcare provider in the past 12 months for any of the reasons listed in Question 52, please skip to Question 54 on Page 12. Otherwise, continue to Question 53.

53 Please rate the healthcare provider you saw most recently for birth control with respect to the following qualities.

	Poor	Fair	Good	Very Good	Excellent	Don't Know	Prefer not to answer
a. Respecting me as a person	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
b. Letting me say what mattered to me about my birth control method	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
c. Taking my preferences about my birth control seriously	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
d. Giving me enough information to make the best decision about my birth control method	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
e. Keeping information about me and my care private	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
f. Having translation available when I want/need it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

How important are each of the following characteristics to you in deciding which birth control method to use?

	Extremely	Somewhat	Not at all	Don't Know	Prefer not to answer
a. I can stop using the birth control method at any time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. I can get pregnant immediately after I stop using it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. The method is affordable	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. The method is easy to use	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. I don't have to remember to use the method each time I have sex	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. I use the method only when I am going to have sex	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. The method is easy for me to get	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. I can get it without seeing a doctor or going to a clinic	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. The method has few or no side effects	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. The method doesn't detract from my sexual enjoyment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. The method does not detract from my partner's sexual enjoyment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. The method has a health benefit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. The method protects against sexually transmitted infections	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
n. The method does not change my menstrual periods	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
o. The method is very effective at preventing pregnancy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
p. I am responsible for using the method and not my sexual partner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
q. I have control over when and whether to use the method	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
r. No one can tell that I am using the method	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

55

Have you had a female sterilizing operation such as tubal sterilization (also called getting "getting your tubes tied" or having a "tubal ligation"), "Essure" (a sterilization method where women have a small coil inserted inside her fallopian tubes) or another operation (such as a hysterectomy) that makes you currently unable to get pregnant?

- 1 Yes, "tubal ligation," "tubes tied," or "Essure"
 2 Yes, hysterectomy or another operation, so unable to get pregnant → Skip to Question 87 on Page 18
 3 No → Skip to Question 58
 4 Prefer not to answer → Skip to Question 58

56

In what month and year did you have the tubal sterilization or "Essure" operation? If you cannot remember exactly, please give your best estimate.

Month: Year:

- 1 Don't Know
 2 Prefer not to answer

57

As things look to you now, if your tubal sterilization could be reversed safely, would you want to have it reversed? Would you say....

- 1 Definitely yes
 2 Probably yes
 3 Probably no
 4 Definitely no
 5 I already had the operation reversed
 6 Don't Know
 7 Prefer not to answer

If you have had a tubal ligation, "Essure" or had your tubes tied, please go to Question 77 on page 15.

58

Are you currently pregnant?

- 1 Yes → Skip to Question 87 on Page 18
 2 No
 3 Prefer not to answer

59

Are you currently trying to get pregnant?

- 1 Yes → Skip to Question 84 on Page 16
 2 No
 3 Prefer not to answer

SECTION G. CURRENT BIRTH CONTROL USE

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

- 1 Yes → Skip to Question 62
 2 No
 3 Prefer not to answer → Skip to Question 62

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

- 1 I'm not currently having penile-vaginal sex or sex that could lead to pregnancy
 2 I just don't think about it
 3 I don't mind if I get pregnant
 4 I want to get pregnant
 5 I don't want to use a birth control method
 6 My partner doesn't want to use a birth control method
 7 We just use "pulling out"
 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:

 24 Prefer not to answer

If you are not currently using any method or methods of birth control, please skip to Question 77 on Page 15. Otherwise, continue to Question 62.

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

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

- 1 Yes
 2 No
 3 Prefer not to answer

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

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

63 Birth control pills. Please mark YES even if you are taking birth control pills for reasons other than to prevent pregnancy.

- 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

64 Birth control patch (Evra® or other)

- 1 Yes
 2 No
 3 Prefer not to answer

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

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

65 Vaginal ring (Nuvaring® or other)

- 1 Yes
 2 No
 3 Prefer not to answer

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

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

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

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

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

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

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

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

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

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

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

→ **If yes**, 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?

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

→ **If yes**, thinking about the most recent time that you felt pressure from a medical provider to use an IUD, how much pressure did you feel?

- 1 A little
- 2 Some
- 3 Quite a bit
- 4 A lot
- 5 Prefer not to answer

68 Implant (Implanon® or Nexplanon®)

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

→ **If yes**, how much pressure did you feel from a medical provider to have the implant 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 implant 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 felt pressure from a medical provider to use an implant, how much pressure did you feel?

- 1 A little
- 2 Some
- 3 Quite a bit
- 4 A lot
- 5 Prefer not to answer

69 Male condoms

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

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

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

70 Other barrier methods (diaphragm, sponge, cervical cap, female condom)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

74 Other method

- 1 Yes, please specify the other method:

- 2 No
- 3 Prefer not to answer

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

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

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

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

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

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

77 If you could use any birth control method you wanted, what method(s) would you use? Please check all that apply.

- 1 I am using the method that I want to use → Skip to Question 79 on Page 16
- 2 Tubal ligation ("tubes tied") or another operation that makes you unable to get pregnant
- 3 Partner's vasectomy (also known as male sterilization)
- 4 Withdrawal ("pulling out")
- 5 Birth control pills ("the pill")
- 6 Male condoms
- 7 Birth control patch (on the skin)
- 8 Vaginal ring (NuvaRing® or other)
- 9 The shot (Depo-Provera®)
- 10 Female condom
- 11 Implant (in the arm; Implanon® or Nexplanon®)
- 12 IUD (intrauterine device; e.g., Mirena; Liletta, Skyla, ParaGard, Kyleena)
- 13 Fertility awareness-based methods (e.g., calendar/rhythm method, CycleBeads®, basal body temperature, natural family planning methods)
- 14 Emergency contraception (also known as the morning-after pill, Plan B® or Ella®)
- 15 Other method:
- 16 I would prefer not to use any method → Skip to Question 79
- 17 Don't Know
- 18 Prefer not to answer

78 What is the main reason you are not currently using the birth control method you want to use?

- 1 I can't afford it
- 2 I don't have health insurance
- 3 My health insurance doesn't cover it
- 4 The insurance co-pays/deductibles are too high
- 5 It's too hard to get to (no transportation or child care, can't take time off work)
- 6 I don't know where I can get the birth control method I want
- 7 The method that I want is not available at my doctor's office, clinic or pharmacy
- 8 I don't want my partner or family to find out that I want to use a birth control method
- 9 I don't trust giving out my personal information to medical staff
- 10 My health care provider suggested I use something else
- 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
- 14 I'm worried about people in my community knowing that I'm using birth control
- 15 I'm not sure
- 16 I or my partner are surgically sterile (had a tubal sterilization, vasectomy, or other operation)
- 17 Other (specify):
- 18 Prefer not to answer

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

- 1 About once a week or more
- 2 A few times a month
- 3 About once a month
- 4 Less than once a month
- 5 I did not have sex with a male in the past 3 months → Skip to Question 81
- 6 Prefer not to answer

80 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?

- 1 Every time you had sex
- 2 More than half the time
- 3 About half the time
- 4 Less than half the time
- 5 Never
- 6 Don't Know
- 7 Prefer not to answer

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 on your satisfaction with the method you use most often.

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

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

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

If you have had a tubal ligation, "Essure" or had your tubes tied, please go to Question 87 on page 18.

83 Would you say switching your current birth control 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.

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

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

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

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

85

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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. It would be a good thing for me if I became pregnant in the next 3 months.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. Thinking about becoming pregnant in the next 3 months makes me feel unhappy.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
d. Thinking about becoming pregnant in the next 3 months makes me feel excited.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
e. Becoming pregnant in the next 3 months would bring me closer to my main partner. <i>(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.)</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

86

The following statements relate to your thoughts and feelings about the idea of having a BABY in the next year. Even if you do not think you can have a baby for partner or physical reasons, please imagine how you would feel about having a baby.

	Stongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer not to answer
a. I want to have a baby within the next year.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. If I had a baby in the next year, it would be bad for my life.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. It would be a positive addition to my life to have a baby in the next year.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
d. It would be the end of the world for me to have a baby in the next year.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
e. Thinking about having a baby within the next year makes me smile.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
f. Thinking about having a baby within the next year makes me feel stressed out.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
g. I would feel a loss of freedom if I had a baby in the next year.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
h. If I had a baby in the next year, it would be hard for me to manage raising the child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
i. 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

87 Have you given birth in the past 12 months?

- 1 Yes
- 2 No → Skip to Question 90
- 3 Prefer not to answer → Skip to Question 90

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

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

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

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

90 In your lifetime, how many babies did you have that were born alive?

Number of babies

- 1 Prefer not to answer

91 Some people are unable to get pregnant, even if they want to. How likely do you think it is that you are infertile or would have difficulty getting pregnant?

- 1 Not at all likely to be infertile
- 2 Somewhat likely
- 3 Likely
- 4 Very likely to be infertile
- 5 Don't know
- 6 Prefer not to answer

92 Have you ever been diagnosed as infertile?

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

SECTION I. PUBLIC POLICY

We have a few final questions related to abortion. Please consider your own thoughts, opinions, and experiences when responding.

93 A woman should not fear being arrested or going to jail for having an abortion (terminating a pregnancy).

- 1 Strongly Agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 6 Prefer not to answer

94 Which comes closest to your own view on abortion?

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

95 Do you identify as...?

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

96 Do you think abortion should be:

- 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? *Please check only one.*

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 SURVEY OF WOMEN



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.

Examples:

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

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

START HERE

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.

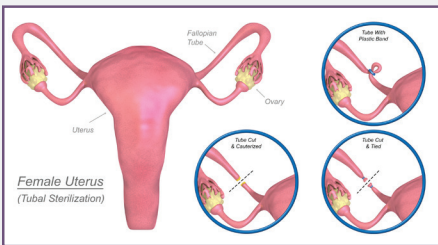
Birth control patch (Evra® or other)



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®”.

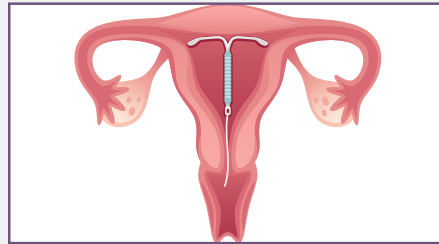
Implant (Implanon® or Nexplanon®)



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 A. SCREENER

1 In what month and year were you born?

Month
Year

¹ Prefer not to answer

→ What if you had some categories? Is your age...

¹ Under 18

² 18-19

³ 20-24

⁴ 25-29

⁵ 30-34

⁶ 35-39

⁷ 40-44

⁸ 45 or older

⁹ Don't know

¹⁰ Prefer not to answer

2 What is your gender?

¹ Female

² Male

³ Transgender

⁴ Do not identify as female, male, or transgender

⁵ Prefer not to answer



If no one in your household is female or transgender ages 18-44, answer the two questions on this page and return the booklet to us in the enclosed envelope. It is important that we receive a response from every household selected for this study.

SECTION B. GENERAL HEALTH

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

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

4 In the past 12 months, have you received any medical 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).

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

5 In the past 12 months, have you received medical care or health care from any of the following places?

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

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?

- 1 Yes
 2 No → Skip to Question 8
 3 Prefer not to answer → Skip to Question 8

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

- 1 I was concerned about exposure to COVID-19.
 2 The place I usually go was closed because of COVID-19.
 3 I couldn't afford it.
 4 I didn't know where to go.
 5 The place where I got care was too far away.
 6 I could not get there when it was open.
 7 I could not get an appointment soon enough.
 8 I did not have transportation.
 9 I didn't have time to go.
 10 I didn't have insurance.
 11 I was unsure about how much of the care would be covered under my insurance.
 12 Some other reason why
 Please specify why:

- 13 Prefer not to answer

8 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.

	Yes	No	Prefer not to answer
a. I, a partner, a dependent or close family member was diagnosed with, or suspected to have contracted, COVID-19	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
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	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. I had to delay, cancel or skip visiting my doctor or clinic for sexual or reproductive health care due to COVID-19 reasons	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. I was unable to get, or delayed in getting, my birth control method due to COVID-19 reasons	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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 ever used any of these birth control methods, 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

10 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

11 Birth control patch (Evra® or other)

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

12 Vaginal ring (Nuvaring® or other)

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

13 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?

14 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:

- 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

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

15 Implant (Implanon® or Nexplanon®)

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

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

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

- 10 Prefer not to answer

→ If yes, in what month and year did you last have an Implant 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 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

→ 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?

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

16 Male condoms

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

17 Other barrier methods (diaphragm, sponge, cervical cap, female condom)

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

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

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

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

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

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

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

21 Any other method not mentioned previously

- 1 Yes, please specify the other method:

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

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

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

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

- 1 Yes
- 2 No → Skip to Question 25 on Page 8
- 3 Prefer not to answer → 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.*

- 1 COVID-19 made it difficult.
- 2 I couldn't afford it.
- 3 I didn't have health insurance.
- 4 My health insurance doesn't cover the method I want.
- 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 too long to see someone.
- 7 I didn't have transportation or a ride to the clinic/pharmacy
- 8 I was treated unfairly.
- 9 Other, please specify:
- 10 Prefer not to answer

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

- 1 Because of my race/ethnicity
- 2 Because English is not my first language
- 3 Because of my sexual orientation
- 4 Because of my sexual activity or lifestyle
- 5 Because of my gender presentation
- 6 Other, please specify:
- 7 Prefer not to answer

SECTION D. SOURCES OF MEDICAL CARE INFORMATION

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

	Yes	No	Prefer not to answer
a. Male condoms	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Implant (Implanon® or Nexplanon®)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Depo-Provera® (also called "the shot")	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Birth control pills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. NuvaRing® (vaginal birth control ring)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Other method, please specify: <input style="width: 200px; height: 20px;" type="text"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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

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

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 is needed
- Ever had a pap smear
- Had an abortion (ended a pregnancy on purpose) in the past 5 years
- Diagnosed with breast cancer in the past 10 years

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

27b On this next list of health experiences, how many of these have you personally experienced? You don't need to say which ones, just how many.

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

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

SECTION E. DEMOGRAPHICS

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

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

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 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

29 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

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

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

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

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

7 Prefer not to answer

32 What is your current marital status?

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

33 Do you currently live with a romantic partner?

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

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

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

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

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

36 Are you currently...? *Please check all that apply*

- 1 Employed for wages
- 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
- 9 Prefer not to answer

37 In the PAST 12 MONTHS, did you leave a job or school because...? *Please check all that apply*

- 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

38 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 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.*

\$

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

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
- 4 \$20,000 to less than \$25,000
- 5 \$25,000 to less than \$30,000
- 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
- 13 \$150,000 or more
- 14 Don't Know
- 15 Prefer not to answer

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

- 1 Yes
- 2 No → Skip to Question 42 on Page 10
- 3 Prefer not to answer → Skip to Question 41 on Page 10

40 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

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

Hours per week

- 1 Don't Know
2 Prefer not to answer

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

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

43 Including you, how many people live or stay at this address?

Number of people

- 1 Don't Know
2 Prefer not to answer

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

Number of children

- 1 Don't Know
2 Prefer not to answer

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

- 1 Yes → *Skip to Question 47*
2 No, I lived in a different house or apartment in Delaware
3 No, I lived in a different house or apartment in another state
4 No, I lived in a different house or apartment outside of the United States
5 Prefer not to answer

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

- 1 Yes
2 No
3 Prefer not to answer

SECTION F. REPRODUCTIVE HEALTH

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?

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

48 Did you have health insurance during all of the past 12 months?

- 1 Yes → Skip to Question 50
- 2 No
- 3 Prefer not to answer

49 For how many of the past 12 months were you WITHOUT health insurance?

- 1 Less than 1 month
- 2 1 to 3 months
- 3 4 to 6 months
- 4 7 to 12 months
- 5 Prefer not to answer

50 Do you have at least one person or place you think of as your personal doctor or health care provider?

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

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

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

52 In the past 12 months, have you gone to a doctor or other healthcare provider for:

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

If you have not gone to a doctor or other healthcare provider in the past 12 months for any of the reasons listed in Question 52, please skip to Question 54 on Page 12. Otherwise, continue to Question 53.

53 Please rate the healthcare provider you saw most recently for birth control with respect to the following qualities.

	Poor	Fair	Good	Very Good	Excellent	Don't Know	Prefer not to answer
a. Respecting me as a person	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
b. Letting me say what mattered to me about my birth control method	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
c. Taking my preferences about my birth control seriously	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
d. Giving me enough information to make the best decision about my birth control method	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
e. Keeping information about me and my care private	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
f. Having translation available when I want/need it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

How important are each of the following characteristics to you in deciding which birth control method to use?

	Extremely	Somewhat	Not at all	Don't Know	Prefer not to answer
a. I can stop using the birth control method at any time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. I can get pregnant immediately after I stop using it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. The method is affordable	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. The method is easy to use	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. I don't have to remember to use the method each time I have sex	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. I use the method only when I am going to have sex	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. The method is easy for me to get	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. I can get it without seeing a doctor or going to a clinic	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. The method has few or no side effects	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. The method doesn't detract from my sexual enjoyment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. The method does not detract from my partner's sexual enjoyment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. The method has a health benefit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. The method protects against sexually transmitted infections	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
n. The method does not change my menstrual periods	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
o. The method is very effective at preventing pregnancy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
p. I am responsible for using the method and not my sexual partner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
q. I have control over when and whether to use the method	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
r. No one can tell that I am using the method	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Have you had a female sterilizing operation such as tubal sterilization (also called getting "getting your tubes tied" or having a "tubal ligation"), "Essure" (a sterilization method where women have a small coil inserted inside her fallopian tubes) or another operation (such as a hysterectomy) that makes you currently unable to get pregnant?

- 1 Yes, "tubal ligation," "tubes tied," or "Essure"
- 2 Yes, hysterectomy or another operation, so unable to get pregnant → Skip to Question 87 on Page 18
- 3 No → Skip to Question 58
- 4 Prefer not to answer → Skip to Question 58

In what month and year did you have the tubal sterilization or "Essure" operation? If you cannot remember exactly, please give your best estimate.

Month: Year:

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

As things look to you now, if your tubal sterilization could be reversed safely, would you want to have it reversed? Would you say....

- 1 Definitely yes
- 2 Probably yes
- 3 Probably no
- 4 Definitely no
- 5 I already had the operation reversed
- 6 Don't Know
- 7 Prefer not to answer

If you have had a tubal ligation, "Essure" or had your tubes tied, please go to Question 77 on page 15.

Are you currently pregnant?

- 1 Yes → Skip to Question 87 on Page 18
- 2 No
- 3 Prefer not to answer

Are you currently trying to get pregnant?

- 1 Yes → Skip to Question 84 on Page 16
- 2 No
- 3 Prefer not to answer

SECTION G. CURRENT BIRTH CONTROL USE

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

- 1 Yes → Skip to Question 62
 2 No
 3 Prefer not to answer → Skip to Question 62

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

- 1 I'm not currently having penile-vaginal sex or sex that could lead to pregnancy
 2 I just don't think about it
 3 I don't mind if I get pregnant
 4 I want to get pregnant
 5 I don't want to use a birth control method
 6 My partner doesn't want to use a birth control method
 7 We just use "pulling out"
 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:

 24 Prefer not to answer

If you are not currently using any method or methods of birth control, please skip to Question 77 on Page 15. Otherwise, continue to Question 62.

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

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

- 1 Yes
 2 No
 3 Prefer not to answer

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

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

63 Birth control pills. Please mark YES even if you are taking birth control pills for reasons other than to prevent pregnancy.

- 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

64 Birth control patch (Evra® or other)

- 1 Yes
 2 No
 3 Prefer not to answer

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

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

65 Vaginal ring (Nuvaring® or other)

- 1 Yes
 2 No
 3 Prefer not to answer

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

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

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

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

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

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

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

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

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

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

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

→ **If yes**, 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?

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

→ **If yes**, thinking about the most recent time that you felt pressure from a medical provider to use an IUD, how much pressure did you feel?

- 1 A little
- 2 Some
- 3 Quite a bit
- 4 A lot
- 5 Prefer not to answer

68 Implant (Implanon® or Nexplanon®)

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

→ **If yes**, how much pressure did you feel from a medical provider to have the implant 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 implant 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 felt pressure from a medical provider to use an implant, how much pressure did you feel?

- 1 A little
- 2 Some
- 3 Quite a bit
- 4 A lot
- 5 Prefer not to answer

69 Male condoms

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

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

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

70 Other barrier methods (diaphragm, sponge, cervical cap, female condom)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

74 Other method

- 1 Yes, please specify the other method:

- 2 No
- 3 Prefer not to answer

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

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

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

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

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

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

77 If you could use any birth control method you wanted, what method(s) would you use? Please check all that apply.

- 1 I am using the method that I want to use → *Skip to Question 79 on Page 16*
- 2 Tubal ligation ("tubes tied") or another operation that makes you unable to get pregnant
- 3 Partner's vasectomy (also known as male sterilization)
- 4 Withdrawal ("pulling out")
- 5 Birth control pills ("the pill")
- 6 Male condoms
- 7 Birth control patch (on the skin)
- 8 Vaginal ring (NuvaRing® or other)
- 9 The shot (Depo-Provera®)
- 10 Female condom
- 11 Implant (in the arm; Implanon® or Nexplanon®)
- 12 IUD (intrauterine device; e.g., Mirena; Liletta, Skyla, ParaGard, Kyleena)
- 13 Fertility awareness-based methods (e.g., calendar/rhythm method, CycleBeads®, basal body temperature, natural family planning methods)
- 14 Emergency contraception (also known as the morning-after pill, Plan B® or Ella®)
- 15 Other method:
- 16 I would prefer not to use any method → *Skip to Question 79*
- 17 Don't Know
- 18 Prefer not to answer

78 What is the main reason you are not currently using the birth control method you want to use?

- 1 I can't afford it
- 2 I don't have health insurance
- 3 My health insurance doesn't cover it
- 4 The insurance co-pays/deductibles are too high
- 5 It's too hard to get to (no transportation or child care, can't take time off work)
- 6 I don't know where I can get the birth control method I want
- 7 The method that I want is not available at my doctor's office, clinic or pharmacy
- 8 I don't want my partner or family to find out that I want to use a birth control method
- 9 I don't trust giving out my personal information to medical staff
- 10 My health care provider suggested I use something else
- 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
- 14 I'm worried about people in my community knowing that I'm using birth control
- 15 I'm not sure
- 16 I or my partner are surgically sterile (had a tubal sterilization, vasectomy, or other operation)
- 17 Other (specify):
- 18 Prefer not to answer

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

- 1 About once a week or more
- 2 A few times a month
- 3 About once a month
- 4 Less than once a month
- 5 I did not have sex with a male in the past 3 months → *Skip to Question 81*
- 6 Prefer not to answer

80 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?

- 1 Every time you had sex
- 2 More than half the time
- 3 About half the time
- 4 Less than half the time
- 5 Never
- 6 Don't Know
- 7 Prefer not to answer

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 on your satisfaction with the method you use most often.

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

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

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

If you have had a tubal ligation, "Essure" or had your tubes tied, please go to Question 87 on page 18.

83 Would you say switching your current birth control 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.

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

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

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

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

85

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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. It would be a good thing for me if I became pregnant in the next 3 months.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. Thinking about becoming pregnant in the next 3 months makes me feel unhappy.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
d. Thinking about becoming pregnant in the next 3 months makes me feel excited.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
e. Becoming pregnant in the next 3 months would bring me closer to my main partner. <i>(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.)</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

86

The following statements relate to your thoughts and feelings about the idea of having a BABY in the next year. Even if you do not think you can have a baby for partner or physical reasons, please imagine how you would feel about having a baby.

	Stongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer not to answer
a. I want to have a baby within the next year.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. If I had a baby in the next year, it would be bad for my life.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. It would be a positive addition to my life to have a baby in the next year.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
d. It would be the end of the world for me to have a baby in the next year.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
e. Thinking about having a baby within the next year makes me smile.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
f. Thinking about having a baby within the next year makes me feel stressed out.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
g. I would feel a loss of freedom if I had a baby in the next year.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
h. If I had a baby in the next year, it would be hard for me to manage raising the child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
i. 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

87 Have you given birth in the past 12 months?

- 1 Yes
- 2 No → Skip to Question 90
- 3 Prefer not to answer → Skip to Question 90

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

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

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

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

90 In your lifetime, how many babies did you have that were born alive?

Number of babies

- 1 Prefer not to answer

91 Some people are unable to get pregnant, even if they want to. How likely do you think it is that you are infertile or would have difficulty getting pregnant?

- 1 Not at all likely to be infertile
- 2 Somewhat likely
- 3 Likely
- 4 Very likely to be infertile
- 5 Don't know
- 6 Prefer not to answer

92 Have you ever been diagnosed as infertile?

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

SECTION I. PUBLIC POLICY

We have a few final questions related to abortion. Please consider your own thoughts, opinions, and experiences when responding.

93 A woman should not fear being arrested or going to jail for having an abortion (terminating a pregnancy).

- 1 Strongly Agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 6 Prefer not to answer

94 Which comes closest to your own view on abortion?

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

95 Do you identify as...?

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

96 Do you think abortion should be:

- 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? *Please check only one.*

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 WOMEN



Who should answer this survey?

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

[SUID]

Version A

SURVEY INSTRUCTIONS

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

Examples:

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

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

START HERE

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.

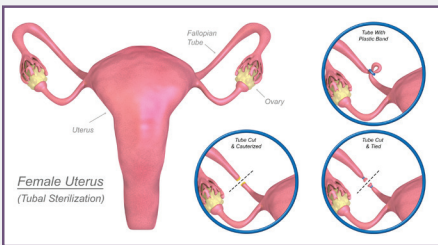
Birth control patch (Evra® or other)



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®”.

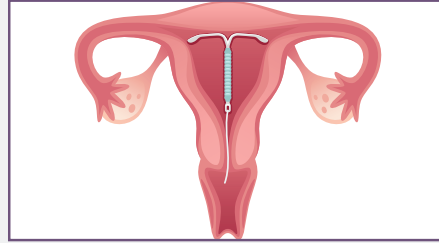
Implant (Implanon® or Nexplanon®)



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 A. SCREENER

1 In what month and year were you born?

Month
Year

¹ Prefer not to answer

→ What if you had some categories? Is your age...

- ¹ Under 18
- ² 18-19
- ³ 20-24
- ⁴ 25-29
- ⁵ 30-34
- ⁶ 35-39
- ⁷ 40-44
- ⁸ 45 or older
- ⁹ Don't know
- ¹⁰ Prefer not to answer

2 What is your gender?

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



If no one in your household is female or transgender ages 18-44, answer the two questions on this page and return the booklet to us in the enclosed envelope. It is important that we receive a response from every household selected for this study.

SECTION B. GENERAL HEALTH

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

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

4 In the past 12 months, have you received any medical 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).

- 1 Yes
- 2 No
- 3 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?

- 1 Yes
- 2 No → Skip to Question 7
- 3 Prefer not to answer → Skip to Question 7

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

- 1 I was concerned about exposure to COVID-19.
- 2 The place I usually go was closed because of COVID-19.
- 3 I couldn't afford it.
- 4 I didn't know where to go.
- 5 The place where I got care was too far away.
- 6 I could not get there when it was open.
- 7 I could not get an appointment soon enough.
- 8 I did not have transportation.
- 9 I didn't have time to go.
- 10 I didn't have insurance.
- 11 I was unsure about how much of the care would be covered under my insurance.
- 12 Some other reason why
Please specify why:
- 13 Prefer not to answer

7 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.

- | | Yes | No | Prefer not to answer |
|---|----------------------------|----------------------------|----------------------------|
| a. I, a partner, a dependent or close family member was diagnosed with, or suspected to have contracted, COVID-19 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 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 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| c. I had to delay, cancel or skip visiting my doctor or clinic for sexual or reproductive health care due to COVID-19 reasons | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| d. I was unable to get, or delayed in getting, my birth control method due to COVID-19 reasons | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

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 ever used any of these birth control methods, 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

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

10 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

12 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?

13 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:

- 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

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

14 Implant (Implanon® or Nexplanon®)

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

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

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

- 10 Prefer not to answer

→ If yes, in what month and year did you last have an Implant 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 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

→ 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?

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

15 Male condoms

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

16 Other barrier methods (diaphragm, sponge, cervical cap, female condom)

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

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

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

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

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

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

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

20 Any other method not mentioned previously

- 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
- 2 No → Skip to Question 24 on Page 8
- 3 Prefer not to answer → 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.*

- 1 COVID-19 made it difficult.
- 2 I couldn't afford it.
- 3 I didn't have health insurance.
- 4 My health insurance doesn't cover the method I want.
- 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 too long to see someone.
- 7 I didn't have transportation or a ride to the clinic/pharmacy
- 8 I was treated unfairly.
- 9 Other, please specify:
- 10 Prefer not to answer

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

- 1 Because of my race/ethnicity
- 2 Because English is not my first language
- 3 Because of my sexual orientation
- 4 Because of my sexual activity or lifestyle
- 5 Because of my gender presentation
- 6 Other, please specify:
- 7 Prefer not to answer

SECTION D. SOURCES OF MEDICAL CARE INFORMATION

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

	Yes	No	Prefer not to answer
a. Male condoms	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Implant (Implanon® or Nexplanon®)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Depo-Provera® (also called "the shot")	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Birth control pills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. NuvaRing® (vaginal birth control ring)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Other method, please specify: <input style="width: 200px; height: 20px;" type="text"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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

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

26a On the following list of health experiences, how many of these have you personally experienced? You don't need to say which ones, just how many.

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

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

26b On this next list of health experiences, how many of these have you personally experienced? You don't need to say which ones, just how many.

- Ever used a birth control method (such as: pills, an IUD or implant, condoms, or the shot)
- Had an abortion (ended a pregnancy on purpose) in the past 5 years
- Had a tubal or ectopic pregnancy in the past year
- Ever had your blood pressure measured

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

SECTION E. DEMOGRAPHICS

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

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

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 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
- 3 Prefer not to answer

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

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

7 Prefer not to answer

31 What is your current marital status?

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

32 Do you currently live with a romantic partner?

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

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

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

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

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

35 Are you currently...? *Please check all that apply*

- 1 Employed for wages
- 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
- 9 Prefer not to answer

36 In the PAST 12 MONTHS, did you leave a job or school because...? *Please check all that apply*

- 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

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 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.*

\$

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

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
- 4 \$20,000 to less than \$25,000
- 5 \$25,000 to less than \$30,000
- 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
- 13 \$150,000 or more
- 14 Don't Know
- 15 Prefer not to answer

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

- 1 Yes
- 2 No → Skip to Question 41 on Page 10
- 3 Prefer not to answer → Skip to Question 40 on Page 10

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

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

Hours per week

- 1 Don't Know
2 Prefer not to answer

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

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

42 Including you, how many people live or stay at this address?

Number of people

- 1 Don't Know
2 Prefer not to answer

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

Number of children

- 1 Don't Know
2 Prefer not to answer

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

- 1 Yes → *Skip to Question 46*
2 No, I lived in a different house or apartment in Maryland
3 No, I lived in a different house or apartment in another state
4 No, I lived in a different house or apartment outside of the United States
5 Prefer not to answer

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

- 1 Yes
2 No
3 Prefer not to answer

SECTION F. REPRODUCTIVE HEALTH

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

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

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

47 Did you have health insurance during all of the past 12 months?

- 1 Yes → Skip to Question 49
- 2 No
- 3 Prefer not to answer

48 For how many of the past 12 months were you WITHOUT health insurance?

- 1 Less than 1 month
- 2 1 to 3 months
- 3 4 to 6 months
- 4 7 to 12 months
- 5 Prefer not to answer

49 Do you have at least one person or place you think of as your personal doctor or health care provider?

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

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

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

51 In the past 12 months, have you gone to a doctor or other healthcare provider for:

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

If you have not gone to a doctor or other healthcare provider in the past 12 months for any of the reasons listed in Question 51, please skip to Question 53 on Page 12. Otherwise, continue to Question 52.

52 Please rate the healthcare provider you saw most recently for birth control with respect to the following qualities.

	Poor	Fair	Good	Very Good	Excellent	Don't Know	Prefer not to answer
a. Respecting me as a person	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
b. Letting me say what mattered to me about my birth control method	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
c. Taking my preferences about my birth control seriously	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
d. Giving me enough information to make the best decision about my birth control method	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
e. Keeping information about me and my care private	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
f. Having translation available when I want/need it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

How important are each of the following characteristics to you in deciding which birth control method to use?

	Extremely	Somewhat	Not at all	Don't Know	Prefer not to answer
a. I can stop using the birth control method at any time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. I can get pregnant immediately after I stop using it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. The method is affordable	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. The method is easy to use	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. I don't have to remember to use the method each time I have sex	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. I use the method only when I am going to have sex	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. The method is easy for me to get	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. I can get it without seeing a doctor or going to a clinic	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. The method has few or no side effects	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. The method doesn't detract from my sexual enjoyment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. The method does not detract from my partner's sexual enjoyment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. The method has a health benefit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. The method protects against sexually transmitted infections	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
n. The method does not change my menstrual periods	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
o. The method is very effective at preventing pregnancy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
p. I am responsible for using the method and not my sexual partner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
q. I have control over when and whether to use the method	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
r. No one can tell that I am using the method	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

54

Have you had a female sterilizing operation such as tubal sterilization (also called getting "getting your tubes tied" or having a "tubal ligation"), "Essure" (a sterilization method where women have a small coil inserted inside her fallopian tubes) or another operation (such as a hysterectomy) that makes you currently unable to get pregnant?

- 1 Yes, "tubal ligation," "tubes tied," or "Essure"
 2 Yes, hysterectomy or another operation, so unable to get pregnant → Skip to Question 86 on Page 18
 3 No → Skip to Question 57
 4 Prefer not to answer → Skip to Question 57

55

In what month and year did you have the tubal sterilization or "Essure" operation? If you cannot remember exactly, please give your best estimate.

Month: Year:

- 1 Don't Know
 2 Prefer not to answer

56

As things look to you now, if your tubal sterilization could be reversed safely, would you want to have it reversed? Would you say....

- 1 Definitely yes
 2 Probably yes
 3 Probably no
 4 Definitely no
 5 I already had the operation reversed
 6 Don't Know
 7 Prefer not to answer

If you have had a tubal ligation, "Essure" or had your tubes tied, please go to Question 76 on page 15.

57

Are you currently pregnant?

- 1 Yes → Skip to Question 86 on Page 18
 2 No
 3 Prefer not to answer

58

Are you currently trying to get pregnant?

- 1 Yes → Skip to Question 83 on Page 16
 2 No
 3 Prefer not to answer

SECTION G. CURRENT BIRTH CONTROL USE

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

- 1 Yes → Skip to Question 61
 2 No
 3 Prefer not to answer → Skip to Question 61

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

- 1 I'm not currently having penile-vaginal sex or sex that could lead to pregnancy
 2 I just don't think about it
 3 I don't mind if I get pregnant
 4 I want to get pregnant
 5 I don't want to use a birth control method
 6 My partner doesn't want to use a birth control method
 7 We just use "pulling out"
 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:

 24 Prefer not to answer

If you are not 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 currently using? Please check all that apply.

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

- 1 Yes
 2 No
 3 Prefer not to answer

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

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

62 Birth control pills. Please mark YES even if you are taking birth control pills for reasons other than to prevent pregnancy.

- 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

63 Birth control patch (Evra® or other)

- 1 Yes
 2 No
 3 Prefer not to answer

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

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

64 Vaginal ring (Nuvaring® or other)

- 1 Yes
 2 No
 3 Prefer not to answer

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

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

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

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

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

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

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

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

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

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

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

→ **If yes**, 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?

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

→ **If yes**, thinking about the most recent time that you felt pressure from a medical provider to use an IUD, how much pressure did you feel?

- 1 A little
- 2 Some
- 3 Quite a bit
- 4 A lot
- 5 Prefer not to answer

67 Implant (Implanon® or Nexplanon®)

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

→ **If yes**, how much pressure did you feel from a medical provider to have the implant 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 implant 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 felt pressure from a medical provider to use an implant, how much pressure did you feel?

- 1 A little
- 2 Some
- 3 Quite a bit
- 4 A lot
- 5 Prefer not to answer

68 Male condoms

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

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

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

69 Other barrier methods (diaphragm, sponge, cervical cap, female condom)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

73 Other method

- 1 Yes, please specify the other method:

- 2 No
- 3 Prefer not to answer

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

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

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

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

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

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

76 If you could use any birth control method you wanted, what method(s) would you use? Please check all that apply.

- 1 I am using the method that I want to use → Skip to Question 78 on Page 16
- 2 Tubal ligation ("tubes tied") or another operation that makes you unable to get pregnant
- 3 Partner's vasectomy (also known as male sterilization)
- 4 Withdrawal ("pulling out")
- 5 Birth control pills ("the pill")
- 6 Male condoms
- 7 Birth control patch (on the skin)
- 8 Vaginal ring (NuvaRing® or other)
- 9 The shot (Depo-Provera®)
- 10 Female condom
- 11 Implant (in the arm; Implanon® or Nexplanon®)
- 12 IUD (intrauterine device; e.g., Mirena; Liletta, Skyla, ParaGard, Kyleena)
- 13 Fertility awareness-based methods (e.g., calendar/rhythm method, CycleBeads®, basal body temperature, natural family planning methods)
- 14 Emergency contraception (also known as the morning-after pill, Plan B® or Ella®)
- 15 Other method:
- 16 I would prefer not to use any method → Skip to Question 78
- 17 Don't Know
- 18 Prefer not to answer

77 What is the main reason you are not currently using the birth control method you want to use?

- 1 I can't afford it
- 2 I don't have health insurance
- 3 My health insurance doesn't cover it
- 4 The insurance co-pays/deductibles are too high
- 5 It's too hard to get to (no transportation or child care, can't take time off work)
- 6 I don't know where I can get the birth control method I want
- 7 The method that I want is not available at my doctor's office, clinic or pharmacy
- 8 I don't want my partner or family to find out that I want to use a birth control method
- 9 I don't trust giving out my personal information to medical staff
- 10 My health care provider suggested I use something else
- 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
- 14 I'm worried about people in my community knowing that I'm using birth control
- 15 I'm not sure
- 16 I or my partner are surgically sterile (had a tubal sterilization, vasectomy, or other operation)
- 17 Other (specify):
- 18 Prefer not to answer

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

- 1 About once a week or more
- 2 A few times a month
- 3 About once a month
- 4 Less than once a month
- 5 I did not have sex with a male in the past 3 months → *Skip to Question 80*
- 6 Prefer not to answer

79 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?

- 1 Every time you had sex
- 2 More than half the time
- 3 About half the time
- 4 Less than half the time
- 5 Never
- 6 Don't Know
- 7 Prefer not to answer

80 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 on your satisfaction with the method you use most often.*

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

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

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

If you have had a tubal ligation, "Essure" or had your tubes tied, please go to Question 86 on page 18.

82 Would you say switching your current birth control 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.*

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

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

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

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

84

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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. It would be a good thing for me if I became pregnant in the next 3 months.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. Thinking about becoming pregnant in the next 3 months makes me feel unhappy.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
d. Thinking about becoming pregnant in the next 3 months makes me feel excited.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
e. Becoming pregnant in the next 3 months would bring me closer to my main partner. <i>(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.)</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

85

The following statements relate to your thoughts and feelings about the idea of having a BABY in the next year. Even if you do not think you can have a baby for partner or physical reasons, please imagine how you would feel about having a baby.

	Stongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer not to answer
a. I want to have a baby within the next year.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. If I had a baby in the next year, it would be bad for my life.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. It would be a positive addition to my life to have a baby in the next year.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
d. It would be the end of the world for me to have a baby in the next year.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
e. Thinking about having a baby within the next year makes me smile.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
f. Thinking about having a baby within the next year makes me feel stressed out.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
g. I would feel a loss of freedom if I had a baby in the next year.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
h. If I had a baby in the next year, it would be hard for me to manage raising the child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
i. 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

86 Have you given birth in the past 12 months?

- 1 Yes
- 2 No → Skip to Question 89
- 3 Prefer not to answer → Skip to Question 89

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

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

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

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

89 In your lifetime, how many babies did you have that were born alive?

Number of babies

- 1 Prefer not to answer

90 Some people are unable to get pregnant, even if they want to. How likely do you think it is that you are infertile or would have difficulty getting pregnant?

- 1 Not at all likely to be infertile
- 2 Somewhat likely
- 3 Likely
- 4 Very likely to be infertile
- 5 Don't know
- 6 Prefer not to answer

91 Have you ever been diagnosed as infertile?

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

SECTION I. PUBLIC POLICY

We have a few final questions related to abortion. Please consider your own thoughts, opinions, and experiences when responding.

92 A woman should not fear being arrested or going to jail for having an abortion (terminating a pregnancy).

- 1 Strongly Agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 6 Prefer not to answer

93 Which comes closest to your own view on abortion?

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

94 Do you identify as...?

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

95 Do you think abortion should be:

- 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? *Please check only one.*

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 WOMEN



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.

Examples:

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

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

START HERE

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.

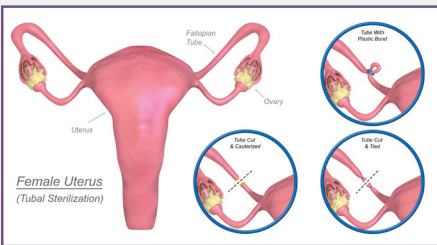
Birth control patch (Evra® or other)



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®”.

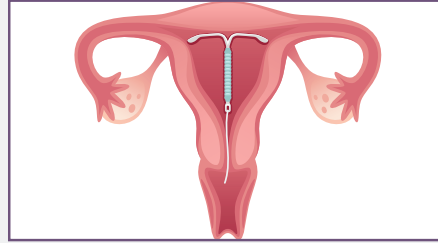
Implant (Implanon® or Nexplanon®)



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 A. SCREENER

1 In what month and year were you born?

Month
Year

¹ Prefer not to answer

→ What if you had some categories? Is your age...

¹ Under 18

² 18-19

³ 20-24

⁴ 25-29

⁵ 30-34

⁶ 35-39

⁷ 40-44

⁸ 45 or older

⁹ Don't know

¹⁰ Prefer not to answer

2 What is your gender?

¹ Female

² Male

³ Transgender

⁴ Do not identify as female, male, or transgender

⁵ Prefer not to answer



If no one in your household is female or transgender ages 18-44, answer the two questions on this page and return the booklet to us in the enclosed envelope. It is important that we receive a response from every household selected for this study.

SECTION B. GENERAL HEALTH

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

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

4 In the past 12 months, have you received any medical 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).

- 1 Yes
- 2 No
- 3 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?

- 1 Yes
- 2 No → Skip to Question 7
- 3 Prefer not to answer → Skip to Question 7

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

- 1 I was concerned about exposure to COVID-19.
- 2 The place I usually go was closed because of COVID-19.
- 3 I couldn't afford it.
- 4 I didn't know where to go.
- 5 The place where I got care was too far away.
- 6 I could not get there when it was open.
- 7 I could not get an appointment soon enough.
- 8 I did not have transportation.
- 9 I didn't have time to go.
- 10 I didn't have insurance.
- 11 I was unsure about how much of the care would be covered under my insurance.
- 12 Some other reason why
Please specify why:
- 13 Prefer not to answer

7 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.

- | | Yes | No | Prefer not to answer |
|---|----------------------------|----------------------------|----------------------------|
| a. I, a partner, a dependent or close family member was diagnosed with, or suspected to have contracted, COVID-19 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 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 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| c. I had to delay, cancel or skip visiting my doctor or clinic for sexual or reproductive health care due to COVID-19 reasons | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| d. I was unable to get, or delayed in getting, my birth control method due to COVID-19 reasons | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

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 ever used any of these birth control methods, 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

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

10 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

12 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?

13 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:

- 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

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

14 Implant (Implanon® or Nexplanon®)

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

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

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

- 10 Prefer not to answer

→ If yes, in what month and year did you last have an Implant 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 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

→ 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?

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

15 Male condoms

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

16 Other barrier methods (diaphragm, sponge, cervical cap, female condom)

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

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

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

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

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

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

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

20 Any other method not mentioned previously

- 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
- 2 No → Skip to Question 24 on Page 8
- 3 Prefer not to answer → 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.*

- 1 COVID-19 made it difficult.
- 2 I couldn't afford it.
- 3 I didn't have health insurance.
- 4 My health insurance doesn't cover the method I want.
- 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 too long to see someone.
- 7 I didn't have transportation or a ride to the clinic/pharmacy
- 8 I was treated unfairly.
- 9 Other, please specify:
- 10 Prefer not to answer

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

- 1 Because of my race/ethnicity
- 2 Because English is not my first language
- 3 Because of my sexual orientation
- 4 Because of my sexual activity or lifestyle
- 5 Because of my gender presentation
- 6 Other, please specify:
- 7 Prefer not to answer

SECTION D. SOURCES OF MEDICAL CARE INFORMATION

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

	Yes	No	Prefer not to answer
a. Male condoms	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Implant (Implanon® or Nexplanon®)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Depo-Provera® (also called "the shot")	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Birth control pills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. NuvaRing® (vaginal birth control ring)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Other method, please specify: <input style="width: 200px; height: 20px;" type="text"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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

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

26a On the following list of health experiences, how many of these have you personally experienced? You don't need to say which ones, just how many.

- Ever used or taken medication for which a prescription is needed
- Ever had a pap smear
- Had an abortion (ended a pregnancy on purpose) in the past 5 years
- Diagnosed with breast cancer in the past 10 years

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

26b On this next list of health experiences, how many of these have you personally experienced? You don't need to say which ones, just how many.

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

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

SECTION E. DEMOGRAPHICS

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

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

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 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
- 3 Prefer not to answer

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

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

7 Prefer not to answer

31 What is your current marital status?

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

32 Do you currently live with a romantic partner?

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

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

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

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

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

35 Are you currently...? *Please check all that apply*

- 1 Employed for wages
- 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
- 9 Prefer not to answer

36 In the PAST 12 MONTHS, did you leave a job or school because...? *Please check all that apply*

- 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

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 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.*

\$

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

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
- 4 \$20,000 to less than \$25,000
- 5 \$25,000 to less than \$30,000
- 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
- 13 \$150,000 or more
- 14 Don't Know
- 15 Prefer not to answer

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

- 1 Yes
- 2 No → Skip to Question 41 on Page 10
- 3 Prefer not to answer → Skip to Question 40 on Page 10

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

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

Hours per week

- 1 Don't Know
2 Prefer not to answer

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

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

42 Including you, how many people live or stay at this address?

Number of people

- 1 Don't Know
2 Prefer not to answer

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

Number of children

- 1 Don't Know
2 Prefer not to answer

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

- 1 Yes → *Skip to Question 46*
2 No, I lived in a different house or apartment in Maryland
3 No, I lived in a different house or apartment in another state
4 No, I lived in a different house or apartment outside of the United States
5 Prefer not to answer

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

- 1 Yes
2 No
3 Prefer not to answer

SECTION F. REPRODUCTIVE HEALTH

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

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

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

47 Did you have health insurance during all of the past 12 months?

- 1 Yes → Skip to Question 49
- 2 No
- 3 Prefer not to answer

48 For how many of the past 12 months were you WITHOUT health insurance?

- 1 Less than 1 month
- 2 1 to 3 months
- 3 4 to 6 months
- 4 7 to 12 months
- 5 Prefer not to answer

49 Do you have at least one person or place you think of as your personal doctor or health care provider?

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

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

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

51 In the past 12 months, have you gone to a doctor or other healthcare provider for:

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

If you have not gone to a doctor or other healthcare provider in the past 12 months for any of the reasons listed in Question 51, please skip to Question 53 on Page 12. Otherwise, continue to Question 52.

52 Please rate the healthcare provider you saw most recently for birth control with respect to the following qualities.

	Poor	Fair	Good	Very Good	Excellent	Don't Know	Prefer not to answer
a. Respecting me as a person	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
b. Letting me say what mattered to me about my birth control method	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
c. Taking my preferences about my birth control seriously	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
d. Giving me enough information to make the best decision about my birth control method	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
e. Keeping information about me and my care private	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
f. Having translation available when I want/need it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

How important are each of the following characteristics to you in deciding which birth control method to use?

	Extremely	Somewhat	Not at all	Don't Know	Prefer not to answer
a. I can stop using the birth control method at any time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. I can get pregnant immediately after I stop using it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. The method is affordable	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. The method is easy to use	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. I don't have to remember to use the method each time I have sex	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. I use the method only when I am going to have sex	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. The method is easy for me to get	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. I can get it without seeing a doctor or going to a clinic	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. The method has few or no side effects	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. The method doesn't detract from my sexual enjoyment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. The method does not detract from my partner's sexual enjoyment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. The method has a health benefit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. The method protects against sexually transmitted infections	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
n. The method does not change my menstrual periods	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
o. The method is very effective at preventing pregnancy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
p. I am responsible for using the method and not my sexual partner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
q. I have control over when and whether to use the method	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
r. No one can tell that I am using the method	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

54

Have you had a female sterilizing operation such as tubal sterilization (also called getting "getting your tubes tied" or having a "tubal ligation"), "Essure" (a sterilization method where women have a small coil inserted inside her fallopian tubes) or another operation (such as a hysterectomy) that makes you currently unable to get pregnant?

- 1 Yes, "tubal ligation," "tubes tied," or "Essure"
 2 Yes, hysterectomy or another operation, so unable to get pregnant → Skip to Question 86 on Page 18
 3 No → Skip to Question 57
 4 Prefer not to answer → Skip to Question 57

55

In what month and year did you have the tubal sterilization or "Essure" operation? If you cannot remember exactly, please give your best estimate.

Month: Year:

- 1 Don't Know
 2 Prefer not to answer

56

As things look to you now, if your tubal sterilization could be reversed safely, would you want to have it reversed? Would you say....

- 1 Definitely yes
 2 Probably yes
 3 Probably no
 4 Definitely no
 5 I already had the operation reversed
 6 Don't Know
 7 Prefer not to answer

If you have had a tubal ligation, "Essure" or had your tubes tied, please go to Question 76 on page 15.

57

Are you currently pregnant?

- 1 Yes → Skip to Question 86 on Page 18
 2 No
 3 Prefer not to answer

58

Are you currently trying to get pregnant?

- 1 Yes → Skip to Question 83 on Page 16
 2 No
 3 Prefer not to answer

SECTION G. CURRENT BIRTH CONTROL USE

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

- 1 Yes → Skip to Question 61
 2 No
 3 Prefer not to answer → Skip to Question 61

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

- 1 I'm not currently having penile-vaginal sex or sex that could lead to pregnancy
 2 I just don't think about it
 3 I don't mind if I get pregnant
 4 I want to get pregnant
 5 I don't want to use a birth control method
 6 My partner doesn't want to use a birth control method
 7 We just use "pulling out"
 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:

 24 Prefer not to answer

If you are not 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 currently using? Please check all that apply.

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

- 1 Yes
 2 No
 3 Prefer not to answer

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

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

62 Birth control pills. Please mark YES even if you are taking birth control pills for reasons other than to prevent pregnancy.

- 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

63 Birth control patch (Evra® or other)

- 1 Yes
 2 No
 3 Prefer not to answer

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

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

64 Vaginal ring (Nuvaring® or other)

- 1 Yes
 2 No
 3 Prefer not to answer

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

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

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

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

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

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

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

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

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

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

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

→ **If yes**, 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?

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

→ **If yes**, thinking about the most recent time that you felt pressure from a medical provider to use an IUD, how much pressure did you feel?

- 1 A little
- 2 Some
- 3 Quite a bit
- 4 A lot
- 5 Prefer not to answer

67 Implant (Implanon® or Nexplanon®)

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

→ **If yes**, how much pressure did you feel from a medical provider to have the implant 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 implant 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 felt pressure from a medical provider to use an implant, how much pressure did you feel?

- 1 A little
- 2 Some
- 3 Quite a bit
- 4 A lot
- 5 Prefer not to answer

68 Male condoms

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

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

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

69 Other barrier methods (diaphragm, sponge, cervical cap, female condom)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

73 Other method

- 1 Yes, please specify the other method:

- 2 No
- 3 Prefer not to answer

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

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

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

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

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

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

76 If you could use any birth control method you wanted, what method(s) would you use? Please check all that apply.

- 1 I am using the method that I want to use → Skip to Question 78 on Page 16
- 2 Tubal ligation ("tubes tied") or another operation that makes you unable to get pregnant
- 3 Partner's vasectomy (also known as male sterilization)
- 4 Withdrawal ("pulling out")
- 5 Birth control pills ("the pill")
- 6 Male condoms
- 7 Birth control patch (on the skin)
- 8 Vaginal ring (NuvaRing® or other)
- 9 The shot (Depo-Provera®)
- 10 Female condom
- 11 Implant (in the arm; Implanon® or Nexplanon®)
- 12 IUD (intrauterine device; e.g., Mirena; Liletta, Skyla, ParaGard, Kyleena)
- 13 Fertility awareness-based methods (e.g., calendar/rhythm method, CycleBeads®, basal body temperature, natural family planning methods)
- 14 Emergency contraception (also known as the morning-after pill, Plan B® or Ella®)
- 15 Other method:
- 16 I would prefer not to use any method → Skip to Question 78
- 17 Don't Know
- 18 Prefer not to answer

77 What is the main reason you are not currently using the birth control method you want to use?

- 1 I can't afford it
- 2 I don't have health insurance
- 3 My health insurance doesn't cover it
- 4 The insurance co-pays/deductibles are too high
- 5 It's too hard to get to (no transportation or child care, can't take time off work)
- 6 I don't know where I can get the birth control method I want
- 7 The method that I want is not available at my doctor's office, clinic or pharmacy
- 8 I don't want my partner or family to find out that I want to use a birth control method
- 9 I don't trust giving out my personal information to medical staff
- 10 My health care provider suggested I use something else
- 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
- 14 I'm worried about people in my community knowing that I'm using birth control
- 15 I'm not sure
- 16 I or my partner are surgically sterile (had a tubal sterilization, vasectomy, or other operation)
- 17 Other (specify):
- 18 Prefer not to answer

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

- 1 About once a week or more
- 2 A few times a month
- 3 About once a month
- 4 Less than once a month
- 5 I did not have sex with a male in the past 3 months → *Skip to Question 80*
- 6 Prefer not to answer

79 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?

- 1 Every time you had sex
- 2 More than half the time
- 3 About half the time
- 4 Less than half the time
- 5 Never
- 6 Don't Know
- 7 Prefer not to answer

80 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 on your satisfaction with the method you use most often.*

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

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

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

If you have had a tubal ligation, "Essure" or had your tubes tied, please go to Question 86 on page 18.

82 Would you say switching your current birth control 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.*

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

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

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

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

84

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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. It would be a good thing for me if I became pregnant in the next 3 months.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. Thinking about becoming pregnant in the next 3 months makes me feel unhappy.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
d. Thinking about becoming pregnant in the next 3 months makes me feel excited.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
e. Becoming pregnant in the next 3 months would bring me closer to my main partner. <i>(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.)</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

85

The following statements relate to your thoughts and feelings about the idea of having a BABY in the next year. Even if you do not think you can have a baby for partner or physical reasons, please imagine how you would feel about having a baby.

	Stongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer not to answer
a. I want to have a baby within the next year.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. If I had a baby in the next year, it would be bad for my life.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. It would be a positive addition to my life to have a baby in the next year.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
d. It would be the end of the world for me to have a baby in the next year.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
e. Thinking about having a baby within the next year makes me smile.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
f. Thinking about having a baby within the next year makes me feel stressed out.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
g. I would feel a loss of freedom if I had a baby in the next year.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
h. If I had a baby in the next year, it would be hard for me to manage raising the child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
i. 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

86 Have you given birth in the past 12 months?

- 1 Yes
- 2 No → Skip to Question 89
- 3 Prefer not to answer → Skip to Question 89

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

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

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

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

89 In your lifetime, how many babies did you have that were born alive?

- Number of babies
- 1 Prefer not to answer

90 Some people are unable to get pregnant, even if they want to. How likely do you think it is that you are infertile or would have difficulty getting pregnant?

- 1 Not at all likely to be infertile
- 2 Somewhat likely
- 3 Likely
- 4 Very likely to be infertile
- 5 Don't know
- 6 Prefer not to answer

91 Have you ever been diagnosed as infertile?

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

SECTION I. PUBLIC POLICY

We have a few final questions related to abortion. Please consider your own thoughts, opinions, and experiences when responding.

92 A woman should not fear being arrested or going to jail for having an abortion (terminating a pregnancy).

- 1 Strongly Agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 6 Prefer not to answer

93 Which comes closest to your own view on abortion?

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

94 Do you identify as...?

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

95 Do you think abortion should be:

- 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? *Please check only one.*

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 SURVEY OF WOMEN



Who should answer this survey?

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

[SUID]

Version A

SURVEY INSTRUCTIONS

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

Examples:

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

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

START HERE

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.

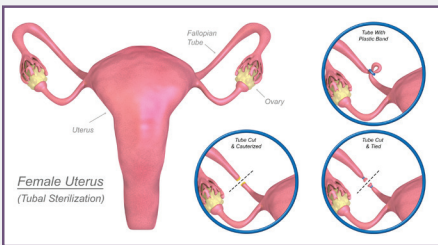
Birth control patch (Evra® or other)



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®”.

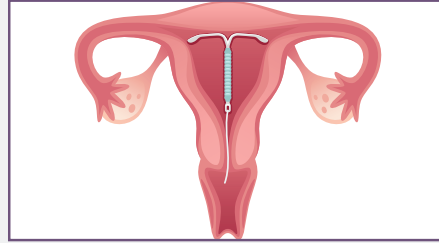
Implant (Implanon® or Nexplanon®)



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 A. SCREENER

1 In what month and year were you born?

Month
Year

¹ Prefer not to answer

→ What if you had some categories? Is your age...

¹ Under 18

² 18-19

³ 20-24

⁴ 25-29

⁵ 30-34

⁶ 35-39

⁷ 40-44

⁸ 45 or older

⁹ Don't know

¹⁰ Prefer not to answer

2 What is your gender?

¹ Female

² Male

³ Transgender

⁴ Do not identify as female, male, or transgender

⁵ Prefer not to answer



If no one in your household is female or transgender ages 18-44, answer the two questions on this page and return the booklet to us in the enclosed envelope. It is important that we receive a response from every household selected for this study.

SECTION B. GENERAL HEALTH

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

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

4 In the past 12 months, have you received any medical 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).

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

5 In the past 12 months, have you received medical care or health care from any of the following places?

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

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?

- 1 Yes
 2 No → Skip to Question 8
 3 Prefer not to answer → Skip to Question 8

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

- 1 I was concerned about exposure to COVID-19.
 2 The place I usually go was closed because of COVID-19.
 3 I couldn't afford it.
 4 I didn't know where to go.
 5 The place where I got care was too far away.
 6 I could not get there when it was open.
 7 I could not get an appointment soon enough.
 8 I did not have transportation.
 9 I didn't have time to go.
 10 I didn't have insurance.
 11 I was unsure about how much of the care would be covered under my insurance.
 12 Some other reason why
 Please specify why:

- 13 Prefer not to answer

8 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.

	Yes	No	Prefer not to answer
a. I, a partner, a dependent or close family member was diagnosed with, or suspected to have contracted, COVID-19	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
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	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. I had to delay, cancel or skip visiting my doctor or clinic for sexual or reproductive health care due to COVID-19 reasons	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. I was unable to get, or delayed in getting, my birth control method due to COVID-19 reasons	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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 **ever used** any of these birth control methods, 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

10 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

11 Birth control patch (Evra® or other)

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

12 Vaginal ring (Nuvaring® or other)

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

13 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?

14 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:

- 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

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

15 Implant (Implanon® or Nexplanon®)

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

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

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

- 10 Prefer not to answer

→ If yes, in what month and year did you last have an Implant 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 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

→ 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?

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

16 Male condoms

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

17 Other barrier methods (diaphragm, sponge, cervical cap, female condom)

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

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

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

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

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

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

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

21 Any other method not mentioned previously

- 1 Yes, please specify the other method:

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

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

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

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

- 1 Yes
- 2 No → Skip to Question 25 on Page 8
- 3 Prefer not to answer → 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.

- 1 COVID-19 made it difficult.
- 2 I couldn't afford it.
- 3 I didn't have health insurance.
- 4 My health insurance doesn't cover the method I want.
- 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 too long to see someone.
- 7 I didn't have transportation or a ride to the clinic/pharmacy
- 8 I was treated unfairly.
- 9 Other, please specify:
- 10 Prefer not to answer

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

- 1 Because of my race/ethnicity
- 2 Because English is not my first language
- 3 Because of my sexual orientation
- 4 Because of my sexual activity or lifestyle
- 5 Because of my gender presentation
- 6 Other, please specify:
- 7 Prefer not to answer

SECTION D. SOURCES OF MEDICAL CARE INFORMATION

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

	Yes	No	Prefer not to answer
a. Male condoms	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Implant (Implanon® or Nexplanon®)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Depo-Provera® (also called "the shot")	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Birth control pills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. NuvaRing® (vaginal birth control ring)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Other method, please specify: <input style="width: 200px; height: 20px;" type="text"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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

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

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 is needed
- Ever had a pap smear
- Diagnosed with breast cancer in the past 10 years

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

27b On this next list of health experiences, how many of these have you personally experienced? You don't need to say which ones, just how many.

- Ever used a birth control method (such as: pills, an IUD or implant, condoms, or the shot)
- Had an abortion (ended a pregnancy on purpose) in the past 5 years
- Had a tubal or ectopic pregnancy in the past year
- Ever had your blood pressure measured

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

SECTION E. DEMOGRAPHICS

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

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

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 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

29 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

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

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

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

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

7 Prefer not to answer

32 What is your current marital status?

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

33 Do you currently live with a romantic partner?

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

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

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

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

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

36 Are you currently...? *Please check all that apply*

- 1 Employed for wages
- 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
- 9 Prefer not to answer

37 In the PAST 12 MONTHS, did you leave a job or school because...? *Please check all that apply*

- 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

38 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 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.*

\$

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

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
- 4 \$20,000 to less than \$25,000
- 5 \$25,000 to less than \$30,000
- 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
- 13 \$150,000 or more
- 14 Don't Know
- 15 Prefer not to answer

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

- 1 Yes
- 2 No → Skip to Question 42 on Page 10
- 3 Prefer not to answer → Skip to Question 41 on Page 10

40 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

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

Hours per week

- 1 Don't Know
2 Prefer not to answer

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

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

43 Including you, how many people live or stay at this address?

Number of people

- 1 Don't Know
2 Prefer not to answer

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

Number of children

- 1 Don't Know
2 Prefer not to answer

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

- 1 Yes → *Skip to Question 47*
2 No, I lived in a different house or apartment in Delaware
3 No, I lived in a different house or apartment in another state
4 No, I lived in a different house or apartment outside of the United States
5 Prefer not to answer

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

- 1 Yes
2 No
3 Prefer not to answer

SECTION F. REPRODUCTIVE HEALTH

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?

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

48 Did you have health insurance during all of the past 12 months?

- 1 Yes → Skip to Question 50
- 2 No
- 3 Prefer not to answer

49 For how many of the past 12 months were you WITHOUT health insurance?

- 1 Less than 1 month
- 2 1 to 3 months
- 3 4 to 6 months
- 4 7 to 12 months
- 5 Prefer not to answer

50 Do you have at least one person or place you think of as your personal doctor or health care provider?

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

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

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

52 In the past 12 months, have you gone to a doctor or other healthcare provider for:

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

If you have not gone to a doctor or other healthcare provider in the past 12 months for any of the reasons listed in Question 52, please skip to Question 54 on Page 12. Otherwise, continue to Question 53.

53 Please rate the healthcare provider you saw most recently for birth control with respect to the following qualities.

	Poor	Fair	Good	Very Good	Excellent	Don't Know	Prefer not to answer
a. Respecting me as a person	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
b. Letting me say what mattered to me about my birth control method	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
c. Taking my preferences about my birth control seriously	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
d. Giving me enough information to make the best decision about my birth control method	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
e. Keeping information about me and my care private	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
f. Having translation available when I want/need it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

How important are each of the following characteristics to you in deciding which birth control method to use?

	Extremely	Somewhat	Not at all	Don't Know	Prefer not to answer
a. I can stop using the birth control method at any time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. I can get pregnant immediately after I stop using it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. The method is affordable	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. The method is easy to use	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. I don't have to remember to use the method each time I have sex	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. I use the method only when I am going to have sex	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. The method is easy for me to get	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. I can get it without seeing a doctor or going to a clinic	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. The method has few or no side effects	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. The method doesn't detract from my sexual enjoyment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. The method does not detract from my partner's sexual enjoyment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. The method has a health benefit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. The method protects against sexually transmitted infections	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
n. The method does not change my menstrual periods	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
o. The method is very effective at preventing pregnancy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
p. I am responsible for using the method and not my sexual partner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
q. I have control over when and whether to use the method	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
r. No one can tell that I am using the method	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

55

Have you had a female sterilizing operation such as tubal sterilization (also called getting "getting your tubes tied" or having a "tubal ligation"), "Essure" (a sterilization method where women have a small coil inserted inside her fallopian tubes) or another operation (such as a hysterectomy) that makes you currently unable to get pregnant?

- 1 Yes, "tubal ligation," "tubes tied," or "Essure"
 2 Yes, hysterectomy or another operation, so unable to get pregnant → Skip to Question 87 on Page 18
 3 No → Skip to Question 58
 4 Prefer not to answer → Skip to Question 58

56

In what month and year did you have the tubal sterilization or "Essure" operation? If you cannot remember exactly, please give your best estimate.

Month: Year:

- 1 Don't Know
 2 Prefer not to answer

57

As things look to you now, if your tubal sterilization could be reversed safely, would you want to have it reversed? Would you say....

- 1 Definitely yes
 2 Probably yes
 3 Probably no
 4 Definitely no
 5 I already had the operation reversed
 6 Don't Know
 7 Prefer not to answer

If you have had a tubal ligation, "Essure" or had your tubes tied, please go to Question 77 on page 15.

58

Are you currently pregnant?

- 1 Yes → Skip to Question 87 on Page 18
 2 No
 3 Prefer not to answer

59

Are you currently trying to get pregnant?

- 1 Yes → Skip to Question 84 on Page 16
 2 No
 3 Prefer not to answer

SECTION G. CURRENT BIRTH CONTROL USE

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

- 1 Yes → Skip to Question 62
 2 No
 3 Prefer not to answer → Skip to Question 62

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

- 1 I'm not currently having penile-vaginal sex or sex that could lead to pregnancy
 2 I just don't think about it
 3 I don't mind if I get pregnant
 4 I want to get pregnant
 5 I don't want to use a birth control method
 6 My partner doesn't want to use a birth control method
 7 We just use "pulling out"
 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:

 24 Prefer not to answer

If you are not currently using any method or methods of birth control, please skip to Question 77 on Page 15. Otherwise, continue to Question 62.

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

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

- 1 Yes
 2 No
 3 Prefer not to answer

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

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

63 Birth control pills. Please mark YES even if you are taking birth control pills for reasons other than to prevent pregnancy.

- 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

64 Birth control patch (Evra® or other)

- 1 Yes
 2 No
 3 Prefer not to answer

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

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

65 Vaginal ring (Nuvaring® or other)

- 1 Yes
 2 No
 3 Prefer not to answer

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

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

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

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

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

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

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

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

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

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

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

→ **If yes**, 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?

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

→ **If yes**, thinking about the most recent time that you felt pressure from a medical provider to use an IUD, how much pressure did you feel?

- 1 A little
- 2 Some
- 3 Quite a bit
- 4 A lot
- 5 Prefer not to answer

68 Implant (Implanon® or Nexplanon®)

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

→ **If yes**, how much pressure did you feel from a medical provider to have the implant 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 implant 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 felt pressure from a medical provider to use an implant, how much pressure did you feel?

- 1 A little
- 2 Some
- 3 Quite a bit
- 4 A lot
- 5 Prefer not to answer

69 Male condoms

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

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

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

70 Other barrier methods (diaphragm, sponge, cervical cap, female condom)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

74 Other method

- 1 Yes, please specify the other method:

- 2 No
- 3 Prefer not to answer

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

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

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

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

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

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

77 If you could use any birth control method you wanted, what method(s) would you use? Please check all that apply.

- 1 I am using the method that I want to use → *Skip to Question 79 on Page 16*
- 2 Tubal ligation ("tubes tied") or another operation that makes you unable to get pregnant
- 3 Partner's vasectomy (also known as male sterilization)
- 4 Withdrawal ("pulling out")
- 5 Birth control pills ("the pill")
- 6 Male condoms
- 7 Birth control patch (on the skin)
- 8 Vaginal ring (NuvaRing® or other)
- 9 The shot (Depo-Provera®)
- 10 Female condom
- 11 Implant (in the arm; Implanon® or Nexplanon®)
- 12 IUD (intrauterine device; e.g., Mirena; Liletta, Skyla, ParaGard, Kyleena)
- 13 Fertility awareness-based methods (e.g., calendar/rhythm method, CycleBeads®, basal body temperature, natural family planning methods)
- 14 Emergency contraception (also known as the morning-after pill, Plan B® or Ella®)
- 15 Other method:
- 16 I would prefer not to use any method → *Skip to Question 79*
- 17 Don't Know
- 18 Prefer not to answer

78 What is the main reason you are not currently using the birth control method you want to use?

- 1 I can't afford it
- 2 I don't have health insurance
- 3 My health insurance doesn't cover it
- 4 The insurance co-pays/deductibles are too high
- 5 It's too hard to get to (no transportation or child care, can't take time off work)
- 6 I don't know where I can get the birth control method I want
- 7 The method that I want is not available at my doctor's office, clinic or pharmacy
- 8 I don't want my partner or family to find out that I want to use a birth control method
- 9 I don't trust giving out my personal information to medical staff
- 10 My health care provider suggested I use something else
- 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
- 14 I'm worried about people in my community knowing that I'm using birth control
- 15 I'm not sure
- 16 I or my partner are surgically sterile (had a tubal sterilization, vasectomy, or other operation)
- 17 Other (specify):
- 18 Prefer not to answer

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

- 1 About once a week or more
- 2 A few times a month
- 3 About once a month
- 4 Less than once a month
- 5 I did not have sex with a male in the past 3 months → *Skip to Question 81*
- 6 Prefer not to answer

80 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?

- 1 Every time you had sex
- 2 More than half the time
- 3 About half the time
- 4 Less than half the time
- 5 Never
- 6 Don't Know
- 7 Prefer not to answer

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 on your satisfaction with the method you use most often.

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

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

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

If you have had a tubal ligation, "Essure" or had your tubes tied, please go to Question 87 on page 18.

83 Would you say switching your current birth control 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.

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

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

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

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

85

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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. It would be a good thing for me if I became pregnant in the next 3 months.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. Thinking about becoming pregnant in the next 3 months makes me feel unhappy.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
d. Thinking about becoming pregnant in the next 3 months makes me feel excited.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
e. Becoming pregnant in the next 3 months would bring me closer to my main partner. <i>(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.)</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

86

The following statements relate to your thoughts and feelings about the idea of having a BABY in the next year. Even if you do not think you can have a baby for partner or physical reasons, please imagine how you would feel about having a baby.

	Stongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer not to answer
a. I want to have a baby within the next year.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. If I had a baby in the next year, it would be bad for my life.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. It would be a positive addition to my life to have a baby in the next year.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
d. It would be the end of the world for me to have a baby in the next year.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
e. Thinking about having a baby within the next year makes me smile.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
f. Thinking about having a baby within the next year makes me feel stressed out.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
g. I would feel a loss of freedom if I had a baby in the next year.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
h. If I had a baby in the next year, it would be hard for me to manage raising the child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
i. 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

87 Have you given birth in the past 12 months?

- 1 Yes
- 2 No → Skip to Question 90
- 3 Prefer not to answer → Skip to Question 90

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

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

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

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

90 In your lifetime, how many babies did you have that were born alive?

Number of babies

- 1 Prefer not to answer

91 Some people are unable to get pregnant, even if they want to. How likely do you think it is that you are infertile or would have difficulty getting pregnant?

- 1 Not at all likely to be infertile
- 2 Somewhat likely
- 3 Likely
- 4 Very likely to be infertile
- 5 Don't know
- 6 Prefer not to answer

92 Have you ever been diagnosed as infertile?

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

SECTION I. PUBLIC POLICY

We have a few final questions related to abortion. Please consider your own thoughts, opinions, and experiences when responding.

93 A woman should not fear being arrested or going to jail for having an abortion (terminating a pregnancy).

- 1 Strongly Agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 6 Prefer not to answer

94 Which comes closest to your own view on abortion?

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

95 Do you identify as...?

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

96 Do you think abortion should be:

- 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? *Please check only one.*

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 desea obtener más información sobre el estudio, por favor llame al 1-877-396-4064 o envíe un correo electrónico a 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 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.

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 prefiriere? *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?

No

SI

?Hay alguna(s) mujer(es) entre 18 y 44 años en su hogar a quien(es) podríamos contactar para participar en este estudio?

Otros participantes interesados

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.

Gracias

SECCIÓN I. POLÍTICA PÚBLICA

98 Pense en el tiempo justo antes de que quedo embarazada de su nuevo bebé, ¿cómo se sentió al quedar embarazada?

- 1 Yo hubiera querido quedar embarazada más tarde (o después)
- 2 Yo hubiera querido quedar embarazada más pronto
- 3 Yo hubiera querido quedar embarazada en ese momento
- 4 Yo no hubiera querido quedar embarazada ni en ese momento ni nunca
- 5 Yo no estaba segura de lo que
- 6 Prefiero no contestar

99 ¿Cómo se sintió cuando supo que estaba embarazada de su nuevo bebé? ¿Estaba usted...

- 1 Muy feliz de estar embarazada
- 2 Feliz de estar embarazada
- 3 Ni feliz ni descontenta
- 4 Descontenta de estar embarazada
- 5 Muy descontenta de estar embarazada
- 6 Prefiero no contestar

90 En toda su vida, ¿cuántos bebés tuvo que nacieron vivos?

- 1 Prefiero no contestar

99 Algunas personas no pueden quedar embarazadas, aunque así lo deseen. ¿Qué tan probable es que usted sea infértil o tenga dificultades para quedar embarazada?

- 1 No es probable que sea infértil
- 2 Probable
- 3 Algo probable
- 4 Muy probable que sea infértil
- 5 No sé
- 6 Prefiero no contestar

92 ¿Alguna vez ha sido diagnosticada como infértil (o estéril)?

- 1 Sí
- 2 No
- 3 Prefiero no contestar

Tenemos algunas preguntas finales relacionadas con el aborto. Por favor considere sus propios pensamientos, opiniones y experiencias al responder.

93 Ninguna mujer debe temer ser detenida o ir a la cárcel por haber obtenido un aborto intencional/inducido.

- 1 Totalmente de acuerdo
- 2 De acuerdo
- 3 Ni de acuerdo ni en desacuerdo
- 4 En desacuerdo
- 5 Totalmente en desacuerdo
- 6 Prefiero no contestar

94 ¿Cuál de las siguientes se acerca más a su punto de vista sobre el aborto intencional (aborto inducido)?

- 1 Tener un aborto intencional (aborto inducido) es aceptable
- 2 Estoy en contra de tener un aborto intencional (aborto inducido) yo misma, pero no creo que el gobierno deba impedir que una mujer tome esa decisión por sí misma
- 3 Tener un aborto intencional (aborto inducido) está mal
- 4 Prefiero no contestar

96 Pensa Ud. que el aborto debe ser:

- 1 Legal en todos los casos
- 2 Legal en la mayoría de los casos
- 3 Illegal en la mayoría de los casos
- 4 Illegal en todos los casos
- 5 No sé
- 6 Prefiero no contestar

95 ¿Se identifica usted como...?

- 1 Pro-elección (Pro-Choice)
- 2 Pro-Vida
- 3 Ninguno de los dos
- 4 Ambos
- 5 Prefiero no contestar

91 Algunas personas no pueden quedar embarazadas, aunque así lo deseen. ¿Qué tan probable es que usted sea infértil o tenga dificultades para quedar embarazada?

- 1 No es probable que sea infértil
- 2 Probable
- 3 Algo probable
- 4 Muy probable que sea infértil
- 5 No sé
- 6 Prefiero no contestar

SECCIÓN H. EMBARAZOS 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, escoja la respuesta que más corresponda a lo que piensa y siente en este momento de su vida.

85 Las siguientes afirmaciones se relacionan con los pensamientos y sentimientos sobre la idea de quedar EMBARAZADA en los próximos 3 meses. Incluso si no cree que pueda quedar embarazada por razones físicas o de pareja, por favor imagine cómo se sentiría con respecto a quedar embarazada.

a.	No me desagradaría quedar embarazada en los próximos 3 meses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Para mí, sería algo bueno quedar embarazada en los próximos 3 meses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir infeliz.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir emocionada.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	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, por favor piense en la última persona con quien tuvo relaciones sexuales.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

86 Las siguientes afirmaciones se relacionan con los pensamientos y sentimientos sobre la idea de tener un BEBÉ en el próximo año. Incluso si no cree que pueda tener un bebé por razones de pareja o físicas, por favor imagine cómo se sentiría con respecto a tener un bebé.

a.	Quiero tener un bebé en el próximo año.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Tener un bebé en el próximo año sería algo muy malo para mi vida.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Tener un bebé en el próximo año sería un cambio positivo para mi vida.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Sería el fin del mundo para mí tener un bebé el próximo año.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Al pensar en tener un bebé el próximo año me hace sonreír.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Al pensar en tener un bebé el próximo año me hace sentir estresada.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Perdería algo de mi libertad si tuviera un bebé el próximo año.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Si tuviera un bebé en el próximo año, sería difícil arreglármelas para criarlo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Mé preocuparía que tener un bebé en el próximo año podría ser más difícil para lograr otras cosas en la vida.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

87 ¿Ha tenido un parto (o dado a luz) en los últimos 12 meses?

1 Sí

2 No → Vaya a la Pregunta 90 en la página 18

3 Prefero no contestar → Vaya a la Pregunta 90 en la página 18

78 ¿Cuál es la razón principal por la que usted actualmente no está usando el método anticonceptivo que desea usar?

- 1 No puedo pagarlo
- 2 No tengo seguro de salud
- 3 Mi seguro de salud no lo cubre
- 4 Los copagos / deducibles del seguro son demasiado altos
- 5 Es muy difícil llegar (sin transporte o cuidado de niños, no puedo tomarme tiempo libre del trabajo)
- 6 No sé dónde puedo obtener el método anticonceptivo que quiero.
- 7 El método que deseo no está disponible en el consultorio de mi médico, clínica o farmacia.
- 8 No quiero que mi pareja o familia descubran que quiero usar un método anticonceptivo
- 9 No confío en dar mi información personal al personal médico
- 10 Mi proveedor de cuidado de salud me sugirió que usara otra cosa
- 11 Tengo una cita programada, pero aún no he ido
- 12 Estoy tratando de quedar embarazada
- 13 Mi pareja no quiere usar este método anticonceptivo
- 14 Me preocupa que las personas de mi comunidad sepan que estoy usando anticonceptivos
- 15 No estoy segura
- 16 Yo o mi pareja somos quirúrgicamente estériles (nos hemos sometido a una esterilización tubárica, vasectomía u otra operación)
- 17 Otro (especifique):
- 18 Prefiero no contestar

80 Pensando en los últimos 3 meses, ¿con qué frecuencia uso Ud. un método anticonceptivo cuando tuvo sexo pene-vaginal o relaciones sexuales que pueden conducir al embarazo?

- 1 Cada vez que tuve relaciones sexuales
- 2 Más de la mitad de las veces
- 3 Más o menos la mitad de las veces
- 4 Menos de la mitad de las veces
- 5 Nunca
- 6 No sé
- 7 Prefiero no contestar

79 Pensando en los últimos 3 meses, ¿con qué frecuencia tuvo usted relaciones sexuales con un hombre? Por sexo, nos referimos a un pene insertado en la vagina.

- 1 Aproximadamente una vez por semana o más
- 2 Unas pocas veces al mes
- 3 Aproximadamente una vez al mes
- 4 Menos de una vez al mes
- 5 No tuve relaciones sexuales entre el pene y la vagina o relaciones sexuales que pueden llevar al embarazo en los últimos 3 meses ← **Vaya a la Pregunta 81**
- 6 Prefiero no contestar

81 ¿Qué tan satisfecha está usted con su (o sus) método(s) anticonceptivo(s)? Si no usó ningún método, diga nos cuán satisfecho está con el hecho de no usar ningún método. Si utiliza más de un método por favor describa que tan satisfecha está con el método que usa más frecuentemente.

- 1 Muy satisfecha
- 2 Algo satisfecha
- 3 Ni satisfecho ni insatisfecho
- 4 Un poco insatisfecho
- 5 Muy insatisfecho
- 6 Prefiero no contestar

82 ¿Qué tan importante es para usted EVITAR quedar embarazada ahora?

- 1 Muy importante
- 2 Algo importante
- 3 Irrelevante
- 4 Algo sin importancia
- 5 No es importante en absoluto
- 6 Prefiero no contestar

Si se ha sometido a ligadura de trompas o Essure, vaya a la pregunta 87 en la página 18.

83 ¿Diría que cambiar su actual método anticonceptivo y usar otro método anticonceptivo en los próximos 3 meses es...? Si actualmente no está usando un método, diganos que tan probable es que comience a usar un método en los próximos 3 meses.

- 1 Muy probable
- 2 Algo probable
- 3 Ni probable ni improbable
- 4 Algo improbable
- 5 Muy improbable
- 6 Prefiero no contestar

84 ¿Qué optina sobre tener un hijo ahora o en el futuro?

- 1 No quiero tener uno
- 2 Yo quisiera tener un hijo en menos de 12 meses a partir de ahora
- 3 Quiero tener uno en más de un año pero en menos de 2 años
- 4 Quiero tener uno en más de dos años pero en menos de 5 años
- 5 Quiero tener uno en 5 años o más
- 6 Quiero tener uno, pero no sé cuando
- 7 No sé
- 8 Prefiero no contestar

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

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

1 SI
 2 No
 3 Prefiero no contestar

vez que tuvo relaciones sexuales con un hombre?
 Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

1 SI
 2 No
 3 No sé
 4 Prefiero no contestar

72 La píldora anticonceptiva de emergencia (la píldora del día después, también conocida como "Plan B" o Ella®)

1 SI
 2 No
 3 Prefiero no contestar

vez que tuvo relaciones sexuales con un hombre?
 Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

1 SI
 2 No
 3 No sé
 4 Prefiero no contestar

73 Operación masculina (esterilización o vasectomía de la pareja sexual)

1 SI
 2 No
 3 Prefiero no contestar

vez que tuvo relaciones sexuales con un hombre?
 Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

1 SI, por favor describa:
 2 No
 3 Prefiero no contestar

74 Otro método

1 SI
 2 No
 3 Prefiero no contestar

vez que tuvo relaciones sexuales con un hombre?
 Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

1 SI
 2 No
 3 No sé
 4 Prefiero no contestar

75

¿Cuán segura está de que usted y / o su pareja han estado utilizando sus métodos anticonceptivos correctamente durante los últimos 3 meses?

- 1 Completamente segura
- 2 Algo segura
- 3 Ni segura ni dudosa
- 4 Algo dudosa
- 5 Completamente dudosa
- 6 Prefiero no contestar

76

En los últimos 3 meses ¿diría usted que el uso de su método anticonceptivo actual estuvo:

- 1 Completamente bajo su control
- 2 Algo bajo su control
- 3 Ni bajo su control ni fuera de su control
- 4 Algo fuera de su control
- 5 Totalmente fuera de su control
- 6 Prefiero no contestar

77

Si usted pudiera usar cualquier método anticonceptivo que quisiera, ¿qué método(s) usaría? Por favor marque todos los que apliquen.

1 Estoy usando el método que quiero usar → Vaya a la pregunta 79 en la página 16

2 Ligadura de trompas ("tubos atados" u otra operación que le impide quedar embarazada)

3 Vasectomía de pareja (también conocida como esterilización masculina)

4 Retirada ("sacar") Pastillas anticonceptivas

5 Condones masculinos

6 Condones femeninos

7 Parche anticonceptivo (en la piel)

8 Anillo vaginal (NuvaRing® o otro)

9 Inyecciones anticonceptivas (Depo-Provera®, también llamado "inyección")

10 Condones femeninos

11 Implante (Implanon® o Nexplanon®)

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

13 Métodos basados en la conciencia de fertilidad (por ejemplo, método de calendario / ritmo, CycleBeads®, temperatura corporal basal, métodos naturales de planificación familiar)

14 Anticoncepción de emergencia (también conocida como la píldora del día después, Plan B® o ella®)

15 Otro método:

16 Yo preferiría no utilizar ningún método → Vaya a la pregunta 79 en la página 16

17 No sé

18 Prefiero no contestar

68 Implante (Implanon® o Nexplanon®)

- 1 SI
- 2 No
- 3 Prefiero no contestar

Si respondió que sí, ¿Cuánta presión sintió de un

- 1 SI
- 2 No
- 3 Prefiero no contestar

proveedor médico para que le insertaran el implante?

- 1 Mirrena®
- 2 Paragard®
- 3 Skyla®
- 4 Liletta®
- 5 Kyleena®
- 6 Prefiero no contestar

Si respondió que sí, ¿Qué DIU usa actualmente?

Si respondió que sí, ¿Cuánta presión sintió por parte de un proveedor médico para que le insertaran el DIU?

- 1 Ninguna
- 2 Poco
- 3 Algo
- 4 Bastante
- 5 Mucha
- 6 Prefiero no contestar

Si respondió que no, ¿Alguna vez ha sentido la presión de un proveedor médico para usar un DIU cuando hubiera preferido usar otro método o ningún método en absoluto?

- 1 SI
- 2 No
- 3 Prefiero no contestar

Si respondió que sí, Pensando en la última vez que sintió la presión de un proveedor médico para usar un DIU, ¿cuánta presión sintió?

- 1 Poco
- 2 Algo
- 3 Bastante
- 4 Mucha
- 5 Prefiero no contestar

69 Condones masculinos o preservativos

- 1 SI
- 2 No
- 3 Prefiero no contestar

Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

- 1 SI
- 2 No
- 3 No sé
- 4 Prefiero no contestar

70 Métodos de barrera (Diafragma, esponja anticonceptiva, capuchón cervical, condón femenino)

- 1 SI
- 2 No
- 3 Prefiero no contestar

Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

- 1 SI
- 2 No
- 3 No sé
- 4 Prefiero no contestar

61 ¿Cuáles son las razones por las que no usa ningún método anticonceptivo? Por favor marque todos los que apliquen.

Actualmente no tengo relaciones sexuales entre el pene y la vagina o relaciones sexuales que puedan llevar al embarazo

Es que no pienso en ello

No me preocupa si quedo embarazada

Quiero quedar embarazada

No quiero utilizar un método anticonceptivo

Mi pareja no quiere usar un método anticonceptivo

Simplemente usamos "sacar"

Mi pareja es de sexo femenino

Pare (o dejé) de utilizar métodos anticonceptivos por los efectos secundarios negativos

Es muy difícil llegar (sin transporte o cuidado de niños, no puede tomarse tiempo libre del trabajo)

No confiaba en dar mi información personal al personal médico

No puedo pagar por anticonceptivos

No creo que pueda quedar embarazada en este momento

Recientemente pare de usar mi método anticonceptivo y no lo volví a usar

Me preocupa que las personas de mi comunidad sepan que estoy usando anticonceptivos

Actualmente estoy amamantando

Creo que mi pareja es infértil (o estéril) y no me puede embarazar

Creo que yo podría ser infértil o que podría ser imposible para mi para quedar embarazada

Razones religiosas

Acabo de tener un bebé

No tengo relaciones sexuales muy a menudo

Disfruto más del sexo cuando no uso un método anticonceptivo

Otra razón, por favor describa:

24 Prefiero no contestar

Si no está usando algún método anticonceptivo actualmente, vaya a la Pregunta 77 en la página 15. De otra manera, continúe con la Pregunta 62.

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

62 Coito interrumpido (también llamado "terminar afuera", cuando el hombre retira su pene de la vagina durante la relación sexual)

Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

- 1 SI
- 2 No
- 3 Prefiero no contestar

- 1 SI
- 2 No
- 3 No sé
- 4 Prefiero no contestar

63 Píldoras (o pastillas) anticonceptivas. Por favor marque *Si incluso si está tomando pastillas anticonceptivas por una razón que no sea evitar un embarazo.*

Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

- 1 SI
- 2 No
- 3 Prefiero no contestar

1 SI

2 No

3 No sé

4 Prefiero no contestar

64 Parche anticonceptivo (Evrá® u otro)

Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

- 1 SI
- 2 No
- 3 Prefiero no contestar

1 SI

2 No

3 No sé

4 Prefiero no contestar

65 Anillo vaginal (Nuvaring® u otros)

Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

- 1 SI
- 2 No
- 3 Prefiero no contestar

1 SI

2 No

3 No sé

4 Prefiero no contestar

66 Inyecciones anticonceptivas (Depo-Provera®, también llamado "la inyección")

Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

- 1 SI
- 2 No
- 3 Prefiero no contestar

1 SI

2 No

3 No sé

4 Prefiero no contestar

54 **¿Qué importancia tiene para usted cada una de las siguientes características a la hora de decidir qué método anticonceptivo utilizar?**

Extremadamente 1
Algo 2
Nada en absoluto 3
No sé 4
Prefiero no contestar 5

- a. Puedo dejar de usar el método anticonceptivo en cualquier momento
- b. Puedo quedar embarazada inmediatamente después de dejar de usarla
- 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 sexo
- f. Utilizo el método sólo cuando voy a tener relaciones sexuales
- g. El método es fácil de conseguir para mí
- h. Puedo conseguirlo sin ver a un médico o sin ir a una clínica
- i. El método tiene pocos o ningún efecto secundario
- j. El método no me quita el disfrute sexual
- k. El método no perjudica el disfrute sexual de mi pareja
- l. El método tiene un beneficio para la salud
- m. El método protege contra las infecciones de transmisión sexual
- n. El método no cambia mis periodos menstruales
- 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
- r. Nadie puede notar que estoy usando el método

58 **Si se ha sometido a una operación de esterilización femenina como la esterilización tubárica (también llamada "ligadura de trompas"), "Essure" (algunas mujeres se esterilizan introduciendo un pequeño espiral en las trompas de Falopio; este método se llama "Essure®"), u otra operación (como una histerectomía) que hace que actualmente no pueda quedar embarazada?**

1 SI → Vaya a la Pregunta 87 en la página 17
2 No
3 Prefiero no contestar

59 **¿Está usted tratando de quedar embarazada actualmente?**

1 SI → Vaya a la Pregunta 84 en la página 16
2 No
3 Prefiero no contestar

SECCIÓN G. USO ACTUAL DE ANTICONCEPTIVOS

60 **¿Está usted utilizando actualmente algún método o métodos anticonceptivos?**

1 SI → Vaya a la Pregunta 62 en la página 13
2 No
3 Prefiero no contestar → Vaya a la Pregunta 62 en la página 13

55 **¿Se ha sometido a una operación de esterilización femenina como la esterilización tubárica (también llamada "ligadura de trompas"), "Essure" (algunas mujeres se esterilizan introduciendo un pequeño espiral en las trompas de Falopio; este método se llama "Essure®"), u otra operación (como una histerectomía) que hace que actualmente no pueda quedar embarazada?**

1 SI, "ligadura de trompas" o "Essure"
2 SI, la histerectomía u otra operación, por lo que no puede quedar → Vaya a la Pregunta 87 en la página 17
3 No → Vaya a la Pregunta 58
4 Prefiero no contestar → Vaya a la Pregunta 58

56 **¿En qué mes y año se realizó la esterilización tubárica o la operación Essure? Si no puede recordarlo exactamente, por favor, dé su mejor estimación.**

Mes: Año:

1 No sé
2 Prefiero no contestar

57 **Tal como se ven las cosas ahora, si su esterilización tubárica pudiera ser revertida de manera segura, ¿querría que se revirtiera? Diría...**

- 1 Definitivamente sí
- 2 Probablemente sí
- 3 Probablemente no
- 4 Definitivamente no
- 5 Ya me han revertido la operación
- 6 No sé
- 7 Prefiero no contestar

48

? Tuvó usted seguro de salud durante los últimos 12 meses?

1 Sí No
 Vaya a la Pregunta 50

3 Prefero no contestar

49

? Por cuántos de los últimos 12 meses estuvo usted SIN seguro de salud?

1 Menos de 1 mes

2 1 a 3 meses

3 4 a 6 meses

4 7 a 12 meses

5 Prefero no contestar

50

? Tiene usted una o más personas o lugares que usted considere su médico o proveedor de atención médica?

1 Sí

2 No

3 Prefero no contestar

51

? Hace cuánto que fue usted al médico para hacerse un chequeo general, de rutina? Un chequeo de rutina es un examen físico general, que no se realiza como consecuencia de una lesión, enfermedad o afección específica.

1 En el último año (hace menos de 12 meses)

2 En los últimos 2 años (hace más de 1 año, pero menos de 2)

3 En los últimos 5 años (hace más de 2 años, pero menos de 5)

4 Hace 5 años o más

5 Nunca

6 No sé

7 Prefero no contestar

53

Por favor califique al proveedor de atención médica que usted vio más recientemente para el control de la natalidad con respecto a las siguientes cualidades.

Si ha no recibido alguno de los servicios en pregunta 52 de un doctor u otra persona que presta atención médica en los últimos 12 meses, vaya a la pregunta 54 en la página 12. De lo contrario, continúe con la pregunta 53.

a. Me respetó como persona	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
b. Me permitió hablar sobre lo que me importaba de mi método anticonceptivo	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
c. Tomó con seriedad mis preferencias de método anticonceptivo	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
d. Me dio suficiente información para tomar la mejor decisión sobre mi método anticonceptivo	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
e. Mantener la información sobre mí y mi cuidado privado	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
f. Tener traducción disponible cuando la quiero / la necesito	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

1 Insatisfactorio
 2 Regular,
 Bueno
 3 Bueno
 4 Muy Bueno
 5 Excelente
 6 No sé
 7 Prefero no contestar

- h. Actualmente no tengo ningún seguro de salud o plan de cobertura de salud
- g. Cualquier Otro tipo de seguro de salud o plan de cobertura de salud. *Especifique:*
- f. Servicio de salud indígena
- e. TRICARE u otro cuidado de la salud militar, incluyendo el cuidado de la salud del VA
conocer este tipo de cobertura como Diamond State Health.
- d. Medicaid, Asistencia Médica (MA, por sus cifras en inglés), Programa de seguro médico para niños (CHIP, por sus cifras en inglés) o cualquier tipo de plan o asistencia patrocinada por el estado o gobierno basado en ingresos o discapacidades. Usted puede
- c. Medicare, para las personas mayores de 65 años o personas con alguna discapacidad tales como Healthcare.gov.
- b. Seguro comprado directamente de una compañía de seguros (por usted u otro miembro de la familia). Esto incluiría la cobertura de COBRA.
- a. Seguro por medio del empleador o sindicato actual o anterior (por usted u otro miembro de la familia). Esto incluiría la cobertura de COBRA.

Si No No sé Prefero no contestar

47 ? Esta actualmente cubierta por cualquiera de los siguientes tipos de seguro médico?

En la siguiente sección, nos gustaría saber más sobre su salud reproductiva.

SECCIÓN F. SALUD REPRODUCTIVA

- 1 Propiedad suya o de alguien en este hogar con una hipoteca o préstamo? Incluya préstamos con garantía hipotecaria.
- 2 Propiedad suya o de alguien en este hogar libre de todo gravamen (sin una hipoteca o préstamo)?
- 3 Rentada?
- 4 Ocupada sin pago de renta?
- 5 No sé
- 6 Prefero no contestar

48 Para el siguiente grupo de preguntas, me gustaría preguntarle sobre su situación de vivienda actual. La casa, departamento, o casa móvil en la que vive es...

- 1 SI
- 2 No
- 3 Prefero no contestar

49 ? Ha estado viviendo o quedándose en su dirección actual por más de 2 meses?

- 1 SI **← Vaya a la Pregunta 47**
- 2 No, yo vivía en otra casa o apartamento en Delaware
- 3 No, yo vivía en una casa o apartamento en otro estado
- 4 No, yo vivía en una casa o apartamento fuera de los Estados Unidos
- 5 Prefero no contestar

45 ? Viva en esta casa o apartamento hace 1 año?

- 1 No sé
- 2 Prefero no contestar

44 ? Cuántos niños menores de 18 años de edad viven en su hogar?

- 1 No sé
- 2 Prefero no contestar

43 ? Incluyéndose a Ud., ¿cuántas personas viven o se quedan en esta dirección?

- 41 Durante los ÚLTIMOS 12 MESES, ¿cuántas horas trabajó cada SEMANA en general?**
- Horas por semana
- 1 No sé
- 2 Prefero no contestar

- 40 ?Cuál fue la cantidad total de ingresos que recibió en los últimos 12 meses? Por favor reporte la cantidad que usted gana antes de impuestos. Su mejor estimación está bien.**
- \$
- 1 No sé
- 2 Prefero no contestar

- 39 Ahora, por favor tomando en cuenta solamente a usted misma. Durante los últimos 12 MESES, ¿recibió algún ingreso de sueldos, salarios, comisiones, bonos o propinas?**
- 1 SI **← Vaya a la Pregunta 42**
- 2 No **← Vaya a la Pregunta 41**
- 3 Prefero no contestar **← Vaya a la Pregunta 41**

29 ? En donde nació?

- 1 En los Estados Unidos (incluyendo sus territorios: Puerto Rico, Guam, etc.)
- 2 Fuera de los Estados Unidos
- 3 Prefiero no contestar

30 ? Es usted de origen hispano, latino, o español?

- 1 SI
- 2 No
- 3 Prefiero no contestar

31 ?Cuál de las siguientes opciones describe mejor su raza?

- 1 Negra o Afro-Americana
 - 2 Blanca
 - 3 Asiática o Asiática Americana
 - 4 India Americana o nativa de Alaska
 - 5 Nativa de Hawai o de las Islas del Pacífico
 - 6 Otro, por favor especifique:
-
- 7 Prefiero no contestar

32 ?Cuál es su estado civil actual?

- 1 Casada
- 2 Viuda
- 3 Divorciada
- 4 Separada
- 5 Nunca he estado casado
- 6 Prefiero no contestar

33 ?Actualmente vive Ud. con un cónyuge o pareja romántica?

- 1 SI
- 2 No
- 3 Prefiero no contestar

34 ?Cuál de las siguientes opciones describe mejor su definición de si misma?

- 1 Lesbiana o Gay
- 2 Heterosexual, es decir, no gay o lesbiana
- 3 Bisexual
- 4 Otra cosa
- 5 No sé
- 6 Prefiero no contestar

35 En cualquier momento DURANTE LOS ÚLTIMOS 3 MESES, ¿ha estudiado usted en una escuela o universidad? Incluye sólo instituciones que conducen a un diploma de escuela secundaria o un título universitario, o a un título profesional más alto que una licenciatura universitaria.

- 1 SI
- 2 No
- 3 Prefiero no contestar

36 ?Es usted actualmente...? Por favor marque todos los que apliquen.

- 1 Empleada asalariada
- 2 Trabajadora independiente (autoempleada)
- 3 Estudiante
- 4 Ha estado desempleada por 1 año o más
- 5 Ha estado desempleada por menos de 1 año
- 6 La persona que se ocupa de las tareas de la casa
- 7 Jubilada
- 8 No puede trabajar
- 9 Prefiero no contestar

37 En los ÚLTIMOS 12 MESES, ¿dejó usted un trabajo o una escuela porque ...? Por favor marque todos los que apliquen.

- 1 COVID-19 (Coronavirus)
- 2 Quedé embarazada
- 3 Tuve que asumir responsabilidades de crianza u otras responsabilidades de cuidado
- 4 Me fui por alguna otra razón
- 5 No he dejado un trabajo o una escuela en los últimos 12 meses.
- 6 Prefiero no contestar

38 En estudios como este, la gente es agrupada según los ingresos de toda la familia. Pensando en su ingreso familiar de todas las fuentes en el 2020, ¿aproximadamente cuál fue su ingreso colectivo, antes de los impuestos? Su mejor estimación está bien. Si es estudiante, incluya los ingresos del hogar donde vive en este momento, aún cuando se trate de una habitación de residencia estudiantil o un apartamento que sólo alquile durante el año académico.

\$

- 1 No sé
- 2 Prefiero no contestar

¿Y si Usted tuviera algunas categorías? Diría usted que los ingresos anuales su hogar fueron:

- 1 Menos de \$10,000 dólares
- 2 Entre \$10,000 y menos de \$15,000 dólares
- 3 Entre \$15,000 y menos de \$20,000 dólares
- 4 Entre \$20,000 y menos de \$25,000 dólares
- 5 Entre \$25,000 y menos de \$30,000 dólares
- 6 Entre \$30,000 y menos de \$35,000 dólares
- 7 Entre \$35,000 y menos de \$40,000 dólares
- 8 Entre \$40,000 y menos de \$45,000 dólares
- 9 Entre \$50,000 y menos de \$60,000 dólares
- 10 Entre \$60,000 y menos de \$75,000 dólares
- 11 Entre \$75,000 y menos de \$100,000 dólares
- 12 Entre \$100,000 y menos de \$150,000 dólares
- 13 \$150,000 dólares o más
- 14 No sé
- 15 Prefiero no contestar

39 ? Es usted actualmente...? Por favor marque todos los que apliquen.

- 1 Empleada asalariada
- 2 Trabajadora independiente (autoempleada)
- 3 Estudiante
- 4 Ha estado desempleada por 1 año o más
- 5 Ha estado desempleada por menos de 1 año
- 6 La persona que se ocupa de las tareas de la casa
- 7 Jubilada
- 8 No puede trabajar
- 9 Prefiero no contestar

Ahora nos gustaría hacer algunas preguntas con respecto a sus antecedentes.

28 ¿Cuál es el grado más alto o nivel escolar que usted ha completado?

SECCIÓN E. INFORMACIÓN DEMOGRÁFICA

1 Nunca asistió a la escuela o solo asistió al jardín de niños
 2 Grados 1 a 8 (primaria)
 3 Grados 9 a 11 (alguna escuela secundaria)
 4 Grado 12 o GED
 5 Algo de colegio, sin título
 6 Título asociado universitario
 7 Título de licenciatura universitaria (por ejemplo: BA, AB, BS, BBA)
 8 Título de Maestría
 9 Título Profesional más allá de licenciatura universitaria
 10 Título de Doctorado
 11 Prefero no contestar

1 Verdadero
 2 Falso
 3 Depende del tipo de método anticonceptivo.
 4 No sé
 5 Prefero no contestar

26 Verdadero o Falso: Usted puede comenzar cualquier método anticonceptivo que desee durante una visita al consultorio de una clínica.

1 Cuántas de ellas ha tenido (o experimentado) usted personalmente? No es necesario decir cuáles, solo cuántas.
 -Alguna vez ha utilizado o tomado un medicamento por lo cual necesitaba una receta médica
 -Alguna vez ha tenido una prueba de Papanicolaou
 -Diagnostificada con cáncer de mama en los últimos 10 años

1 No sé
 2 Escriba un número entre 0-3
 3 Prefero no contestar

27a En la siguiente lista de experiencias de salud, ¿cuántas de ellas ha tenido (o experimentado) usted personalmente? No es necesario decir cuáles, solo cuántas.

1 Debido a mi raza / origen étnico
 2 Debido a que el inglés no es mi primera lengua
 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:

1 No sé
 2 Escriba un número entre 0-4
 3 Prefero no contestar

27b En la siguiente lista de experiencias de salud, ¿cuántas de ellas ha tenido (o experimentado) usted personalmente? No es necesario decir cuáles, solo cuántas.

1 -Alguna vez ha utilizado un método anticonceptivo (así como la píldora, el DIU o implante, condones, o inyecciones anticonceptivas)
 -Alguna vez ha tenido un aborto (terminó un embarazo a propósito) en los últimos 5 años
 -Tenido un embarazo ectópico o tubárico en el último año
 -Ha tenido su presión arterial medida

24 ¿Por qué se retrasó en conseguir o tuvo problemas para conseguir el método anticonceptivo que usted quería? Por favor marque todos los que apliquen.

1 COVID-19 lo hizo difícil.
 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, el tiempo de espera era demasiado largo para ser atendida por algún profesional de salud
 7 Yo no tenía el transporte ni a nadie que me llevara a la clínica / farmacia
 8 Yo fui tratada injustamente.
 9 Otro: Por favor especifique:
 10 Prefero no contestar

25 ¿Sabe cómo USED 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.)

SECCIÓN D. FUENTES DE INFORMACIÓN SOBRE LA ATENCIÓN MÉDICA

1 Condón masculino
 2 DIU (Mirena®, Paragard®, Skyla®, Liletta®, o Kyleena®)
 3 Implante anticonceptivo (Implanon® o Nexplanon®)
 4 Inyecciones anticonceptivas (Depo-Provera®, también se le conoce como "la inyección")
 5 Píldoras (o pastillas) anticonceptivas
 6 Anillo vaginal (NuvaRing®)
 7 Otro método, por favor especifique:

SI No Prefero no contestar
 1 2 3

1 Verdadero
 2 Falso
 3 Depende del tipo de método anticonceptivo.
 4 No sé
 5 Prefero no contestar

27a En la siguiente lista de experiencias de salud, ¿cuántas de ellas ha tenido (o experimentado) usted personalmente? No es necesario decir cuáles, solo cuántas.

1 Debido a mi raza / origen étnico
 2 Debido a que el inglés no es mi primera lengua
 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:

1 No sé
 2 Escriba un número entre 0-3
 3 Prefero no contestar

27b En la siguiente lista de experiencias de salud, ¿cuántas de ellas ha tenido (o experimentado) usted personalmente? No es necesario decir cuáles, solo cuántas.

1 -Alguna vez ha utilizado un método anticonceptivo (así como la píldora, el DIU o implante, condones, o inyecciones anticonceptivas)
 -Alguna vez ha tenido un aborto (terminó un embarazo a propósito) en los últimos 5 años
 -Tenido un embarazo ectópico o tubárico en el último año
 -Ha tenido su presión arterial medida

17 Otros métodos anticonceptivos (diáfragma, esponja, capuchón cervical, condón femenino)

1 SI
2 No
3 No sé
4 Prefiero no contestar

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

1 SI
2 No
3 No sé
4 Prefiero no contestar

19 La píldora anticonceptiva de emergencia (la píldora Ella®) del día siguiente, también conocida como "Plan B"® o

1 SI
2 No
3 No sé
4 Prefiero no contestar

20 Operación masculina (esterilización o vasectomía de la

1 SI
2 No
3 No sé
4 Prefiero no contestar

21 Cualquier otro método no mencionado previamente

1 SI, especifique:

2 No
3 No sé
4 Prefiero no contestar

22 En los últimos 12 meses, ¿ha necesitado algún método anticonceptivo pero fue demasiado caro?

1 SI
2 No
3 Prefiero no contestar

23 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?

1 SI
2 No
3 Prefiero no contestar

← Vaya a la Pregunta 25 en la página 8
← Vaya a la Pregunta 25 en la página 8

15 Implante (Implanon® o Nexplanon®)

1 SI
2 No
3 No sé
4 Prefiero no contestar

18 Si respondió que no, ¿cuál es la razón principal por la que usted nunca ha usado un implante?

- 1 El costo es demasiado alto
- 2 No estoy familiarizada con este método anticonceptivo
- 3 Debido a mis creencias (religiosas o no)
- 4 Para evitar efectos secundarios negativos
- 5 No me siento cómoda pidiéndole un implante a mi médico
- 6 Me preocupa el procedimiento para insertar o extraer el implante
- 7 Mi proveedor no discutió implantes conmigo.
- 8 Quiero el control sobre cuándo y si usar el método
- 9 Alguna otra cosa, por favor especifique:

10 Prefiero no contestar

19 Si respondió que sí, ¿En qué mes y año le insertaron el implante por última vez. Si no puede recordarlo exactamente, por favor de su mejor estimación

Mes: Año:

1 No sé
2 Prefiero no contestar

20 Si respondió que sí, Si ya no está usando ese implante, ¿en qué mes y año se lo quitaron? Si no puede recordar exactamente, por favor de su mejor estimación.

Mes: Año:

1 SI
2 No
3 Prefiero no contestar

21 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 SI
2 No
3 Prefiero no contestar

16 Condones masculinos o preservativos

1 SI
2 No
3 No sé
4 Prefiero no contestar

¿Alguna vez usted ha utilizado alguno de estos métodos anticonceptivos, incluso si ha utilizado el método una sola vez?

SECCIÓN C. USO DE ANTICONCEPTIVOS EN EL PASADO

Las siguientes preguntas son sobre el uso de anticonceptivos. El control de la natalidad se refiere 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". 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.

9 ¿Alguna vez usted ha utilizado alguno de estos métodos anticonceptivos, incluso si ha utilizado el método una sola vez?

- 1 SI
- 2 No
- 3 No sé
- 4 Prefiero no contestar

10 Píldoras (o pastillas) anticonceptivas Por favor marque SI, incluso si está / estaba tomando pastillas anticonceptivas por razones distintas para prevenir el embarazo.

- 1 SI
- 2 No
- 3 No sé
- 4 Prefiero no contestar

11 Parche anticonceptivo (Evra® u otro)

- 1 SI
- 2 No
- 3 No sé
- 4 Prefiero no contestar

12 Anillo vaginal (Nuvaring® u otros)

- 1 SI
- 2 No
- 3 No sé
- 4 Prefiero no contestar

13 Inyecciones anticonceptivas (Depo-Provera®, también llamado "la inyección")

- 1 SI
- 2 No
- 3 No sé
- 4 Prefiero no contestar

¿Alguna vez usted ha utilizado alguno de estos métodos anticonceptivos, incluso si ha utilizado el método una sola vez?

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

- 1 SI
- 2 No
- 3 No sé
- 4 Prefiero no contestar

Si respondió que no, ¿cuál es la razón principal por la cual usted no usa el DIU?

- 1 El costo es demasiado alto
- 2 No estoy familiarizada con este método anticonceptivo
- 3 Debido a mis creencias (religiosas o no)
- 4 Para evitar efectos secundarios negativos
- 5 No me siento cómoda pidiéndole un DIU a mi médico
- 6 Me preocupa el procedimiento para insertar o extraer el DIU
- 7 Mi proveedor no discutió conmigo los DIUs
- 8 Quiero el control sobre cuándo y si usar el método
- 9 Alguna otra cosa, por favor especifique
- 10 Prefiero no contestar

Si respondió que sí, ¿qué DIU ha utilizado? Por favor marque todos los que apliquen.

- 1 Liletta® (DIU hormonal utilizado por un máximo de 6 años)
- 2 Mirena® (DIU hormonal utilizado por un máximo de 5 años)
- 3 Skyla® (DIU hormonal utilizado por un máximo de 3 años)
- 4 Paragard® (DIU sin hormonas utilizado por un máximo de 10 años, también se conoce como la "T de cobre")
- 5 Kyleena® (DIU hormonal utilizado por un máximo de 5 años)
- 6 No sé
- 7 Prefiero no contestar

Si respondió que sí, ¿En qué mes y año se colocó el DIU por última vez? Si no puede recordarlo exactamente, por favor de su mejor estimación.

Mes: Año:

Si respondió que sí, Si ya no está usando ese DIU, ¿en qué mes y año se lo quitaron o se lo expulsaron? Si no puede recordarlo exactamente, por favor de su mejor estimación.

Mes: Año:

1 Todavía estoy usando ese DIU

- 2 No sé
- 3 Prefiero no contestar

Si respondió que sí, ¿Alguna vez se sintió presionada por un proveedor médico para mantener el DIU que usó por última vez o que sigue usando?

- 1 SI
- 2 No
- 3 Prefiero no contestar

SECCIÓN B. SALUD GENERAL

3 ? Diría usted que su estado de salud general es...?

1 Excelente

2 Muy Buena

3 Buena

4 Regular

5 Mala

6 Prefero no contestar

4 En los últimos 12 meses, ¿ha recibido algún tipo de

atención médica o de salud? *Incluya todos los servicios de atención médica, incluyendo urgencias, visitas a salas de emergencias, visitas médicas de rutina y visitas a especialistas (por ejemplo, ginecólogo, dentista, oculista).*

1 Sí!

2 No → **Vaya a la Pregunta 6**

3 Prefero no contestar → **Vaya a la Pregunta 6**

5 En los últimos 12 meses, ¿ha visitado alguno de los siguientes lugares para recibir atención médica para sí mismo/a?

a. Westside Family Healthcare
1 2 3 4
Si No
No se contestar
Prefero

b. Clínica de Salud de la

1 2 3 4

Universidad del Estado de

Delaware

c. Clínica La Red

1 2 3 4

d. Planned Parenthood de Delaware

1 2 3 4

e. Centro Médico Henrietta Johnson

1 2 3 4

f. Family Wellness Center/
Delaware Families First (Centro

de Bienestar Familiar/ Familias

Primeras de Delaware)

1 2 3 4

g. Servicios de Salud del Estado de

de La Universidad del Estado de

Delaware

h. Una clínica de salud escolar

1 2 3 4

i. Centro de Servicio Estatal

Thurman Adams (anteriormente

el Centro de Servicio Estatal de

Georgetown)

1 2 3 4

k. Centro de Servicio Estatal Milford

Riverwalk

1 2 3 4

l. Centro de Servicio Estatal Anna

C. Shipley

6

En los últimos 12 meses, ¿hubo algún momento en que necesitó cuidado de salud para usted misma, por cualquier razón, pero no pudo obtenerlo?

1 Sí

2 No → **Vaya a la Pregunta 8**

3 Prefero no contestar → **Vaya a la Pregunta 8**

7 ? Por qué usted no recibió atención médica?

Por favor marque todos los que apliquen.

1 Me preocupaba la exposición a COVID-19.

2 El lugar al que suelo ir estaba cerrado por culpa de

COVID-19.

3 Estaba fuera de mi alcance económico

4 Yo no sabía a dónde ir

5 El lugar donde me atendieron estaba demasiado lejos.

6 No pude llegar allí cuando estaba abierto

7 No pude conseguir una cita pronto

8 No tenía transporte

9 No tuve tiempo para ir

10 No tenía seguro

11 No estaba segura de cuánto del cuidado estaría cubierto

por mi seguro

12 Por alguna otra razón, *Especifique:*

13 Prefero no contestar

8 ? En el año pasado, la pandemia de COVID-19

siguientes maneras? *Por favor, responda Sí o No para cada evento. Es posible que haya más de una respuesta afirmativa.*

a. Yo fui —o una pareja, un dependiente o miembro cercano de la familia fue— diagnosticado con o sospechoso de haber contraído COVID-19
1 2 3

b. Yo experimenté —o una pareja, un dependiente o miembro cercano de la familia experimentó— una reducción en las horas de trabajo o pérdida de un empleo debido a COVID-19
1 2 3

c. Tuve que retrasar, cancelar u omitir la visita a mi médico o clínica para recibir atención de salud sexual o reproductiva debido al COVID-19
1 2 3

d. No pude obtener, o tardé en obtener, mi método anticonceptivo debido al COVID-19
1 2 3

SECCIÓN A. Preselección

1 En qué mes y año nació?

Mes: Año: 1 Prefiero no contestar

Y si Ud. tuviera algunas categorías? Es su edad... Por favor marque solo uno.

 1 Menos de 18 2 18-19 3 20-24 4 25-29 5 30-34 6 35-39 7 40-44 8 45 o más 9 No sé 10 Prefiero no contestar

2 ¿Cuál es su género?

 1 Mujer 2 Hombre 3 Transgénero 4 No me identifico como mujer, hombre ni transgénero 5 Prefiero no contestar

Si nadie en su hogar es una mujer (o Transgénero) de 18 a 44 años, responda las dos preguntas en esta página y devuélvanos el folleto en el sobre adjunto.
Es importante que recibamos una respuesta de todo hogar seleccionado para este estudio.



Los siguientes son sólo algunos de los métodos anticonceptivos que serán mencionados en la encuesta. Por favor refiérase a esta página si usted tiene alguna duda sobre algún método anticonceptivo.

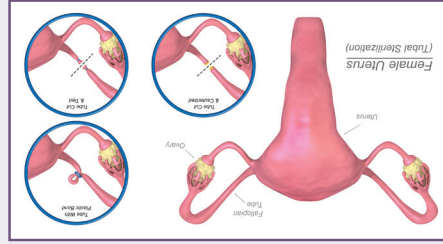
Parche anticonceptivo (Evrá® u otro)



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



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



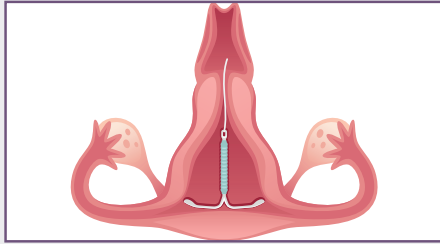
Algunas mujeres se esterilizan por medio de la inserción de un pequeño dispositivo dentro de las trompas de Falopio; este método se llama "Essure®".

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 máximo de 3 años.

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



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 quede embarazada por un máximo de 10 años.

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

womenshealth@norc.org

o mándenlos un correo electrónico a

1-877-396-4064

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

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

NORC 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 cualquier pregunta 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 gratuita) 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 que recopilamos de usted y no revelaremos su 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 autorizado de NORC tendrá acceso a los datos.

COMIENCE AQUÍ

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. Usted podrá saltar cualquier pregunta para indicar que 'No sabe' o que 'Prefiere no contestar'.

Ejemplos:

<input checked="" type="checkbox"/> Forma correcta 9899	<input type="checkbox"/> Forma incorrecta 9899
---	--

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

INSTRUCCIONES DE LA ENCUESTA

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

¿Quién debería completar el estudio?



Delaware SURVEY OF WOMEN



Delaware SURVEY OF WOMEN



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.

Examples:

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

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

START HERE

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.

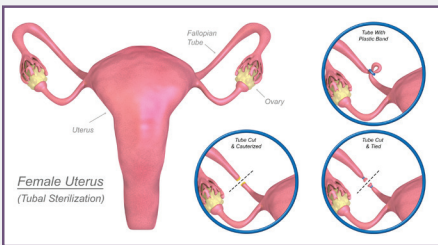
Birth control patch (Evra® or other)



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®”.

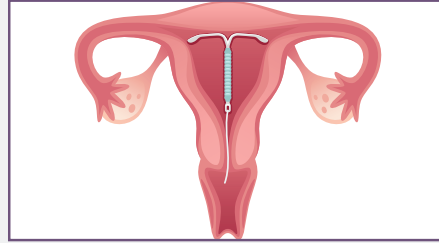
Implant (Implanon® or Nexplanon®)



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 A. SCREENER

1 In what month and year were you born?

Month
Year

¹ Prefer not to answer

→ What if you had some categories? Is your age...

¹ Under 18

² 18-19

³ 20-24

⁴ 25-29

⁵ 30-34

⁶ 35-39

⁷ 40-44

⁸ 45 or older

⁹ Don't know

¹⁰ Prefer not to answer

2 What is your gender?

¹ Female

² Male

³ Transgender

⁴ Do not identify as female, male, or transgender

⁵ Prefer not to answer



If no one in your household is female or transgender ages 18-44, answer the two questions on this page and return the booklet to us in the enclosed envelope. It is important that we receive a response from every household selected for this study.

SECTION B. GENERAL HEALTH

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

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

4 In the past 12 months, have you received any medical 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).

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

5 In the past 12 months, have you received medical care or health care from any of the following places?

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

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?

- 1 Yes
 2 No → Skip to Question 8
 3 Prefer not to answer → Skip to Question 8

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

- 1 I was concerned about exposure to COVID-19.
 2 The place I usually go was closed because of COVID-19.
 3 I couldn't afford it.
 4 I didn't know where to go.
 5 The place where I got care was too far away.
 6 I could not get there when it was open.
 7 I could not get an appointment soon enough.
 8 I did not have transportation.
 9 I didn't have time to go.
 10 I didn't have insurance.
 11 I was unsure about how much of the care would be covered under my insurance.
 12 Some other reason why
 Please specify why:

- 13 Prefer not to answer

8 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.

	Yes	No	Prefer not to answer
a. I, a partner, a dependent or close family member was diagnosed with, or suspected to have contracted, COVID-19	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
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	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. I had to delay, cancel or skip visiting my doctor or clinic for sexual or reproductive health care due to COVID-19 reasons	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. I was unable to get, or delayed in getting, my birth control method due to COVID-19 reasons	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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 **ever used** any of these birth control methods, 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

10 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

11 Birth control patch (Evra® or other)

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

12 Vaginal ring (Nuvaring® or other)

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

13 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?

14 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:

- 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

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

15 Implant (Implanon® or Nexplanon®)

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

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

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

- 10 Prefer not to answer

→ If yes, in what month and year did you last have an Implant 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 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

→ 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?

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

16 Male condoms

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

17 Other barrier methods (diaphragm, sponge, cervical cap, female condom)

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

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

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

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

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

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

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

21 Any other method not mentioned previously

- 1 Yes, please specify the other method:

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

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

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

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

- 1 Yes
- 2 No → Skip to Question 25 on Page 8
- 3 Prefer not to answer → 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.*

- 1 COVID-19 made it difficult.
- 2 I couldn't afford it.
- 3 I didn't have health insurance.
- 4 My health insurance doesn't cover the method I want.
- 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 too long to see someone.
- 7 I didn't have transportation or a ride to the clinic/pharmacy
- 8 I was treated unfairly.
- 9 Other, please specify:
- 10 Prefer not to answer

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

- 1 Because of my race/ethnicity
- 2 Because English is not my first language
- 3 Because of my sexual orientation
- 4 Because of my sexual activity or lifestyle
- 5 Because of my gender presentation
- 6 Other, please specify:
- 7 Prefer not to answer

SECTION D. SOURCES OF MEDICAL CARE INFORMATION

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

	Yes	No	Prefer not to answer
a. Male condoms	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Implant (Implanon® or Nexplanon®)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Depo-Provera® (also called "the shot")	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Birth control pills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. NuvaRing® (vaginal birth control ring)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Other method, please specify: <input style="width: 200px; height: 20px;" type="text"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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

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

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 is needed
- Ever had a pap smear
- Had an abortion (ended a pregnancy on purpose) in the past 5 years
- Diagnosed with breast cancer in the past 10 years

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

27b On this next list of health experiences, how many of these have you personally experienced? You don't need to say which ones, just how many.

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

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

SECTION E. DEMOGRAPHICS

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

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

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 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

29 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

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

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

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

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

7 Prefer not to answer

32 What is your current marital status?

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

33 Do you currently live with a romantic partner?

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

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

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

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

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

36 Are you currently...? *Please check all that apply*

- 1 Employed for wages
- 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
- 9 Prefer not to answer

37 In the PAST 12 MONTHS, did you leave a job or school because...? *Please check all that apply*

- 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

38 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 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.*

\$

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

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
- 4 \$20,000 to less than \$25,000
- 5 \$25,000 to less than \$30,000
- 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
- 13 \$150,000 or more
- 14 Don't Know
- 15 Prefer not to answer

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

- 1 Yes
- 2 No → Skip to Question 42 on Page 10
- 3 Prefer not to answer → Skip to Question 41 on Page 10

40 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

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

Hours per week

- 1 Don't Know
2 Prefer not to answer

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

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

43 Including you, how many people live or stay at this address?

Number of people

- 1 Don't Know
2 Prefer not to answer

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

Number of children

- 1 Don't Know
2 Prefer not to answer

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

- 1 Yes → *Skip to Question 47*
2 No, I lived in a different house or apartment in Delaware
3 No, I lived in a different house or apartment in another state
4 No, I lived in a different house or apartment outside of the United States
5 Prefer not to answer

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

- 1 Yes
2 No
3 Prefer not to answer

SECTION F. REPRODUCTIVE HEALTH

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?

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

48 Did you have health insurance during all of the past 12 months?

- 1 Yes → Skip to Question 50
- 2 No
- 3 Prefer not to answer

49 For how many of the past 12 months were you WITHOUT health insurance?

- 1 Less than 1 month
- 2 1 to 3 months
- 3 4 to 6 months
- 4 7 to 12 months
- 5 Prefer not to answer

50 Do you have at least one person or place you think of as your personal doctor or health care provider?

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

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

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

52 In the past 12 months, have you gone to a doctor or other healthcare provider for:

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

If you have not gone to a doctor or other healthcare provider in the past 12 months for any of the reasons listed in Question 52, please skip to Question 54 on Page 12. Otherwise, continue to Question 53.

53 Please rate the healthcare provider you saw most recently for birth control with respect to the following qualities.

	Poor	Fair	Good	Very Good	Excellent	Don't Know	Prefer not to answer
a. Respecting me as a person	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
b. Letting me say what mattered to me about my birth control method	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
c. Taking my preferences about my birth control seriously	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
d. Giving me enough information to make the best decision about my birth control method	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
e. Keeping information about me and my care private	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
f. Having translation available when I want/need it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

How important are each of the following characteristics to you in deciding which birth control method to use?

	Extremely	Somewhat	Not at all	Don't Know	Prefer not to answer
a. I can stop using the birth control method at any time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. I can get pregnant immediately after I stop using it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. The method is affordable	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. The method is easy to use	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. I don't have to remember to use the method each time I have sex	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. I use the method only when I am going to have sex	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. The method is easy for me to get	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. I can get it without seeing a doctor or going to a clinic	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. The method has few or no side effects	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. The method doesn't detract from my sexual enjoyment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. The method does not detract from my partner's sexual enjoyment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. The method has a health benefit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. The method protects against sexually transmitted infections	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
n. The method does not change my menstrual periods	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
o. The method is very effective at preventing pregnancy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
p. I am responsible for using the method and not my sexual partner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
q. I have control over when and whether to use the method	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
r. No one can tell that I am using the method	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

55

Have you had a female sterilizing operation such as tubal sterilization (also called getting "getting your tubes tied" or having a "tubal ligation"), "Essure" (a sterilization method where women have a small coil inserted inside her fallopian tubes) or another operation (such as a hysterectomy) that makes you currently unable to get pregnant?

- 1 Yes, "tubal ligation," "tubes tied," or "Essure"
 2 Yes, hysterectomy or another operation, so unable to get pregnant → Skip to Question 87 on Page 18
 3 No → Skip to Question 58
 4 Prefer not to answer → Skip to Question 58

56

In what month and year did you have the tubal sterilization or "Essure" operation? If you cannot remember exactly, please give your best estimate.

Month: Year:

- 1 Don't Know
 2 Prefer not to answer

57

As things look to you now, if your tubal sterilization could be reversed safely, would you want to have it reversed? Would you say....

- 1 Definitely yes
 2 Probably yes
 3 Probably no
 4 Definitely no
 5 I already had the operation reversed
 6 Don't Know
 7 Prefer not to answer

If you have had a tubal ligation, "Essure" or had your tubes tied, please go to Question 77 on page 15.

58

Are you currently pregnant?

- 1 Yes → Skip to Question 87 on Page 18
 2 No
 3 Prefer not to answer

59

Are you currently trying to get pregnant?

- 1 Yes → Skip to Question 84 on Page 16
 2 No
 3 Prefer not to answer

SECTION G. CURRENT BIRTH CONTROL USE

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

- 1 Yes → Skip to Question 62
 2 No
 3 Prefer not to answer → Skip to Question 62

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

- 1 I'm not currently having penile-vaginal sex or sex that could lead to pregnancy
 2 I just don't think about it
 3 I don't mind if I get pregnant
 4 I want to get pregnant
 5 I don't want to use a birth control method
 6 My partner doesn't want to use a birth control method
 7 We just use "pulling out"
 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:

 24 Prefer not to answer

If you are not currently using any method or methods of birth control, please skip to Question 77 on Page 15. Otherwise, continue to Question 62.

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

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

- 1 Yes
 2 No
 3 Prefer not to answer

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

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

63 Birth control pills. Please mark YES even if you are taking birth control pills for reasons other than to prevent pregnancy.

- 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

64 Birth control patch (Evra® or other)

- 1 Yes
 2 No
 3 Prefer not to answer

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

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

65 Vaginal ring (Nuvaring® or other)

- 1 Yes
 2 No
 3 Prefer not to answer

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

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

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

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

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

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

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

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

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

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

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

→ **If yes**, 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?

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

→ **If yes**, thinking about the most recent time that you felt pressure from a medical provider to use an IUD, how much pressure did you feel?

- 1 A little
- 2 Some
- 3 Quite a bit
- 4 A lot
- 5 Prefer not to answer

68 Implant (Implanon® or Nexplanon®)

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

→ **If yes**, how much pressure did you feel from a medical provider to have the implant 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 implant 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 felt pressure from a medical provider to use an implant, how much pressure did you feel?

- 1 A little
- 2 Some
- 3 Quite a bit
- 4 A lot
- 5 Prefer not to answer

69 Male condoms

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

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

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

70 Other barrier methods (diaphragm, sponge, cervical cap, female condom)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

74 Other method

- 1 Yes, please specify the other method:

- 2 No
- 3 Prefer not to answer

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

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

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

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

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

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

77 If you could use any birth control method you wanted, what method(s) would you use? Please check all that apply.

- 1 I am using the method that I want to use → *Skip to Question 79 on Page 16*
- 2 Tubal ligation ("tubes tied") or another operation that makes you unable to get pregnant
- 3 Partner's vasectomy (also known as male sterilization)
- 4 Withdrawal ("pulling out")
- 5 Birth control pills ("the pill")
- 6 Male condoms
- 7 Birth control patch (on the skin)
- 8 Vaginal ring (NuvaRing® or other)
- 9 The shot (Depo-Provera®)
- 10 Female condom
- 11 Implant (in the arm; Implanon® or Nexplanon®)
- 12 IUD (intrauterine device; e.g., Mirena; Liletta, Skyla, ParaGard, Kyleena)
- 13 Fertility awareness-based methods (e.g., calendar/rhythm method, CycleBeads®, basal body temperature, natural family planning methods)
- 14 Emergency contraception (also known as the morning-after pill, Plan B® or Ella®)
- 15 Other method:
- 16 I would prefer not to use any method → *Skip to Question 79*
- 17 Don't Know
- 18 Prefer not to answer

78 What is the main reason you are not currently using the birth control method you want to use?

- 1 I can't afford it
- 2 I don't have health insurance
- 3 My health insurance doesn't cover it
- 4 The insurance co-pays/deductibles are too high
- 5 It's too hard to get to (no transportation or child care, can't take time off work)
- 6 I don't know where I can get the birth control method I want
- 7 The method that I want is not available at my doctor's office, clinic or pharmacy
- 8 I don't want my partner or family to find out that I want to use a birth control method
- 9 I don't trust giving out my personal information to medical staff
- 10 My health care provider suggested I use something else
- 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
- 14 I'm worried about people in my community knowing that I'm using birth control
- 15 I'm not sure
- 16 I or my partner are surgically sterile (had a tubal sterilization, vasectomy, or other operation)
- 17 Other (specify):
- 18 Prefer not to answer

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

- 1 About once a week or more
- 2 A few times a month
- 3 About once a month
- 4 Less than once a month
- 5 I did not have sex with a male in the past 3 months → *Skip to Question 81*
- 6 Prefer not to answer

80 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?

- 1 Every time you had sex
- 2 More than half the time
- 3 About half the time
- 4 Less than half the time
- 5 Never
- 6 Don't Know
- 7 Prefer not to answer

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 on your satisfaction with the method you use most often.

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

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

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

If you have had a tubal ligation, "Essure" or had your tubes tied, please go to Question 87 on page 18.

83 Would you say switching your current birth control 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.

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

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

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

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

85

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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. It would be a good thing for me if I became pregnant in the next 3 months.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. Thinking about becoming pregnant in the next 3 months makes me feel unhappy.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
d. Thinking about becoming pregnant in the next 3 months makes me feel excited.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
e. Becoming pregnant in the next 3 months would bring me closer to my main partner. <i>(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.)</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

86

The following statements relate to your thoughts and feelings about the idea of having a BABY in the next year. Even if you do not think you can have a baby for partner or physical reasons, please imagine how you would feel about having a baby.

	Stongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer not to answer
a. I want to have a baby within the next year.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. If I had a baby in the next year, it would be bad for my life.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. It would be a positive addition to my life to have a baby in the next year.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
d. It would be the end of the world for me to have a baby in the next year.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
e. Thinking about having a baby within the next year makes me smile.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
f. Thinking about having a baby within the next year makes me feel stressed out.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
g. I would feel a loss of freedom if I had a baby in the next year.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
h. If I had a baby in the next year, it would be hard for me to manage raising the child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
i. 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

87 Have you given birth in the past 12 months?

- 1 Yes
- 2 No → Skip to Question 90
- 3 Prefer not to answer → Skip to Question 90

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

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

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

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

90 In your lifetime, how many babies did you have that were born alive?

Number of babies

- 1 Prefer not to answer

91 Some people are unable to get pregnant, even if they want to. How likely do you think it is that you are infertile or would have difficulty getting pregnant?

- 1 Not at all likely to be infertile
- 2 Somewhat likely
- 3 Likely
- 4 Very likely to be infertile
- 5 Don't know
- 6 Prefer not to answer

92 Have you ever been diagnosed as infertile?

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

SECTION I. PUBLIC POLICY

We have a few final questions related to abortion. Please consider your own thoughts, opinions, and experiences when responding.

93 A woman should not fear being arrested or going to jail for having an abortion (terminating a pregnancy).

- 1 Strongly Agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 6 Prefer not to answer

94 Which comes closest to your own view on abortion?

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

95 Do you identify as...?

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

96 Do you think abortion should be:

- 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? *Please check only one.*

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 desea obtener más información sobre el estudio, por favor llame al 1-877-396-4064 o envíe un correo electrónico a 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 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.

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 prefiriere? *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?

No

SI

?Hay alguna(s) mujer(es) entre 18 y 44 años en su hogar a quien(es) podríamos contactar para participar en este estudio?

Otros participantes interesados

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.

Gracias

SECCIÓN I. POLÍTICA PÚBLICA

98 Pense en el tiempo justo antes de que quedo embarazada de su nuevo bebé, ¿cómo se sentió al quedar embarazada?

- 1 Yo hubiera querido quedar embarazada más tarde (o después)
- 2 Yo hubiera querido quedar embarazada más pronto
- 3 Yo hubiera querido quedar embarazada en ese momento
- 4 Yo no hubiera querido quedar embarazada ni en ese momento ni nunca
- 5 Yo no estaba segura de lo que
- 6 Prefiero no contestar

99 ¿Cómo se sintió cuando supo que estaba embarazada de su nuevo bebé? ¿Estaba usted...

- 1 Muy feliz de estar embarazada
- 2 Feliz de estar embarazada
- 3 Ni feliz ni descontenta
- 4 Descontenta de estar embarazada
- 5 Muy descontenta de estar embarazada
- 6 Prefiero no contestar

90 En toda su vida, ¿cuántos bebés tuvo que nacieron vivos?

- 1 Prefiero no contestar

99 Algunas personas no pueden quedar embarazadas, aunque así lo deseen. ¿Qué tan probable es que usted sea infértil o tenga dificultades para quedar embarazada?

- 1 No es probable que sea infértil
- 2 Probable
- 3 Algo probable
- 4 Muy probable que sea infértil
- 5 No sé
- 6 Prefiero no contestar

92 ¿Alguna vez ha sido diagnosticada como infértil (o estéril)?

- 1 Sí
- 2 No
- 3 Prefiero no contestar

Tenemos algunas preguntas finales relacionadas con el aborto. Por favor considere sus propios pensamientos, opiniones y experiencias al responder.

93 Ninguna mujer debe temer ser detenida o ir a la cárcel por haber obtenido un aborto intencional/inducido.

- 1 Totalmente de acuerdo
- 2 De acuerdo
- 3 Ni de acuerdo ni en desacuerdo
- 4 En desacuerdo
- 5 Totalmente en desacuerdo
- 6 Prefiero no contestar

94 ¿Cuál de las siguientes se acerca más a su punto de vista sobre el aborto intencional (aborto inducido)?

- 1 Tener un aborto intencional (aborto inducido) es aceptable
- 2 Estoy en contra de tener un aborto intencional (aborto inducido) yo misma, pero no creo que el gobierno deba impedir que una mujer tome esa decisión por sí misma
- 3 Tener un aborto intencional (aborto inducido) está mal
- 4 Prefiero no contestar

96 Pensa Ud. que el aborto debe ser:

- 1 Legal en todos los casos
- 2 Legal en la mayoría de los casos
- 3 Illegal en la mayoría de los casos
- 4 Illegal en todos los casos
- 5 No sé
- 6 Prefiero no contestar

95 ¿Se identifica usted como...?

- 1 Pro-elección (Pro-Choice)
- 2 Pro-Vida
- 3 Ninguno de los dos
- 4 Ambos
- 5 Prefiero no contestar

91 Algunas personas no pueden quedar embarazadas, aunque así lo deseen. ¿Qué tan probable es que usted sea infértil o tenga dificultades para quedar embarazada?

- 1 No es probable que sea infértil
- 2 Probable
- 3 Algo probable
- 4 Muy probable que sea infértil
- 5 No sé
- 6 Prefiero no contestar

SECCIÓN H. EMBARAZOS 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, escoja la respuesta que más corresponda a lo que piensa y siente en este momento de su vida.

85 Las siguientes afirmaciones se relacionan con los pensamientos y sentimientos sobre la idea de quedar EMBARAZADA en los próximos 3 meses. Incluso si no cree que pueda quedar embarazada por razones físicas o de pareja, por favor imagine cómo se sentiría con respecto a quedar embarazada.

a.	No me desagradaría quedar embarazada en los próximos 3 meses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Para mí, sería algo bueno quedar embarazada en los próximos 3 meses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir infeliz.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir emocionada.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	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, por favor piense en la última persona con quien tuvo relaciones sexuales.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

86 Las siguientes afirmaciones se relacionan con los pensamientos y sentimientos sobre la idea de tener un BEBÉ en el próximo año. Incluso si no cree que pueda tener un bebé por razones de pareja o físicas, por favor imagine cómo se sentiría con respecto a tener un bebé.

a.	Quiero tener un bebé en el próximo año.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Tener un bebé en el próximo año sería algo muy malo para mi vida.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Tener un bebé en el próximo año sería un cambio positivo para mi vida.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Sería el fin del mundo para mí tener un bebé el próximo año.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Al pensar en tener un bebé el próximo año me hace sonreír.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Al pensar en tener un bebé el próximo año me hace sentir estresada.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Perdería algo de mi libertad si tuviera un bebé el próximo año.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Si tuviera un bebé en el próximo año, sería difícil arreglármelas para criarlo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Mé preocuparía que tener un bebé en el próximo año podría ser más difícil para lograr otras cosas en la vida.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

87 ¿Ha tenido un parto (o dado a luz) en los últimos 12 meses?

1 Sí

2 No → Vaya a la Pregunta 90 en la página 18

3 Prefero no contestar → Vaya a la Pregunta 90 en la página 18

78 ¿Cuál es la razón principal por la que usted actualmente no está usando el método anticonceptivo que desea usar?

- 1 No puedo pagarlo
- 2 No tengo seguro de salud
- 3 Mi seguro de salud no lo cubre
- 4 Los copagos / deducibles del seguro son demasiado altos
- 5 Es muy difícil llegar (sin transporte o cuidado de niños, no puedo tomarme tiempo libre del trabajo)
- 6 No sé dónde puedo obtener el método anticonceptivo que quiero.
- 7 El método que deseo no está disponible en el consultorio de mi médico, clínica o farmacia.
- 8 No quiero que mi pareja o familia descubran que quiero usar un método anticonceptivo
- 9 No confío en dar mi información personal al personal médico
- 10 Mi proveedor de cuidado de salud me sugirió que usara otra cosa
- 11 Tengo una cita programada, pero aún no he ido
- 12 Estoy tratando de quedar embarazada
- 13 Mi pareja no quiere usar este método anticonceptivo
- 14 Me preocupa que las personas de mi comunidad sepan que estoy usando anticonceptivos
- 15 No estoy segura
- 16 Yo o mi pareja somos quirúrgicamente estériles (nos hemos sometido a una esterilización tubárica, vasectomía u otra operación)
- 17 Otro (especifique):
- 18 Prefiero no contestar

80 Pensando en los últimos 3 meses, ¿con qué frecuencia uso Ud. un método anticonceptivo cuando tuvo sexo pene-vaginal o relaciones sexuales que pueden conducir al embarazo?

- 1 Cada vez que tuve relaciones sexuales
- 2 Más de la mitad de las veces
- 3 Más o menos la mitad de las veces
- 4 Menos de la mitad de las veces
- 5 Nunca
- 6 No sé
- 7 Prefiero no contestar

6 Prefiero no contestar
últimos 3 meses ← **Vaya a la Pregunta 81**

5 No tuve relaciones sexuales entre el pene y la vagina o relaciones sexuales que pueden llevar al embarazo en los últimos 3 meses

4 Menos de una vez al mes

3 Aproximadamente una vez al mes

2 Unas pocas veces al mes

1 Aproximadamente una vez por semana o más

79 Pensando en los últimos 3 meses, ¿con qué frecuencia tuvo usted relaciones sexuales con un hombre? Por sexo, nos referimos a un pene insertado en la vagina.

- 18 Prefiero no contestar

17 Otro (especifique):

16 Yo o mi pareja somos quirúrgicamente estériles (nos hemos sometido a una esterilización tubárica, vasectomía u otra operación)

15 No estoy segura

14 Me preocupa que las personas de mi comunidad sepan que estoy usando anticonceptivos

13 Mi pareja no quiere usar este método anticonceptivo

12 Estoy tratando de quedar embarazada

11 Tengo una cita programada, pero aún no he ido

10 Mi proveedor de cuidado de salud me sugirió que usara otra cosa

9 No confío en dar mi información personal al personal médico

8 No quiero que mi pareja o familia descubran que quiero usar un método anticonceptivo

7 El método que deseo no está disponible en el consultorio de mi médico, clínica o farmacia.

6 No sé dónde puedo obtener el método anticonceptivo que quiero.

5 Es muy difícil llegar (sin transporte o cuidado de niños, no puedo tomarme tiempo libre del trabajo)

4 Los copagos / deducibles del seguro son demasiado altos

3 Mi seguro de salud no lo cubre

2 No tengo seguro de salud

1 No puedo pagarlo

9 Muy probable

8 Algo probable

7 Ni probable ni improbable

6 Muy improbable

5 Algo improbable

4 Muy improbable

3 Prefiero no contestar

81 ¿Qué tan satisfecha está usted con su (o sus) método(s) anticonceptivo(s)? Si no usó ningún método, díganos cuán satisfecho está con el hecho de no usar ningún método. Si utiliza más de un método por favor describa que tan satisfecha está con el método que usa más frecuentemente.

- 1 Muy satisfecha
- 2 Algo satisfecha
- 3 Ni satisfecho ni insatisfecho
- 4 Un poco insatisfecho
- 5 Muy insatisfecho
- 6 Prefiero no contestar

82 ¿Qué tan importante es para usted EVITAR quedar embarazada ahora?

- 1 Muy importante
- 2 Algo importante
- 3 Irrelevante
- 4 Algo sin importancia
- 5 No es importante en absoluto
- 6 Prefiero no contestar

Si se ha sometido a ligadura de trompas o Essure, vaya a la pregunta 87 en la página 18.

83 ¿Diría que cambiar su actual método anticonceptivo y usar otro método anticonceptivo en los próximos 3 meses es...? Si actualmente no está usando un método, díganos que tan probable es que comience a usar un método en los próximos 3 meses.

- 1 Muy probable
- 2 Algo probable
- 3 Ni probable ni improbable
- 4 Algo improbable
- 5 Muy improbable
- 6 Prefiero no contestar

84 ¿Qué optina sobre tener un hijo ahora o en el futuro?

- 1 No quiero tener uno
- 2 Yo quisiera tener un hijo en menos de 12 meses a partir de ahora
- 3 Quiero tener uno en más de un año pero en menos de 2 años
- 4 Quiero tener uno en más de dos años pero en menos de 5 años
- 5 Quiero tener uno en 5 años o más
- 6 Quiero tener uno, pero no sé cuando
- 7 No sé
- 8 Prefiero no contestar

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

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

1 SI
 2 No
 3 Prefiero no contestar

vez que tuvo relaciones sexuales con un hombre?
 Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

1 SI
 2 No
 3 No sé
 4 Prefiero no contestar

72 La píldora anticonceptiva de emergencia (la píldora del día después, también conocida como "Plan B" o Ella®)

1 SI
 2 No
 3 Prefiero no contestar

vez que tuvo relaciones sexuales con un hombre?
 Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

1 SI
 2 No
 3 No sé
 4 Prefiero no contestar

73 Operación masculina (esterilización o vasectomía de la pareja sexual)

1 SI
 2 No
 3 Prefiero no contestar

vez que tuvo relaciones sexuales con un hombre?
 Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

1 SI, por favor describa:
 2 No
 3 Prefiero no contestar

74 Otro método

1 SI
 2 No
 3 Prefiero no contestar

vez que tuvo relaciones sexuales con un hombre?
 Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

1 SI
 2 No
 3 No sé
 4 Prefiero no contestar

75

¿Cuán segura está de que usted y / o su pareja han estado utilizando sus métodos anticonceptivos correctamente durante los últimos 3 meses?

- 1 Completamente segura
- 2 Algo segura
- 3 Ni segura ni dudosa
- 4 Algo dudosa
- 5 Completamente dudosa
- 6 Prefiero no contestar

76

En los últimos 3 meses ¿diría usted que el uso de su método anticonceptivo actual estuvo:

- 1 Completamente bajo su control
- 2 Algo bajo su control
- 3 Ni bajo su control ni fuera de su control
- 4 Algo fuera de su control
- 5 Totalmente fuera de su control
- 6 Prefiero no contestar

77

Si usted pudiera usar cualquier método anticonceptivo que quisiera, ¿qué método(s) usaría? Por favor marque todos los que apliquen.

1 Estoy usando el método que quiero usar → Vaya a la pregunta 79 en la página 16

2 Ligadura de trompas ("tubos atados" u otra operación que le impide quedar embarazada)

3 Vasectomía de pareja (también conocida como esterilización masculina)

4 Retirada ("sacar") Pastillas anticonceptivas

5 Condones masculinos

6 Condones femeninos

7 Parche anticonceptivo (en la piel)

8 Anillo vaginal (NuvaRing® o otro)

9 Inyecciones anticonceptivas (Depo-Provera®, también llamado "inyección")

10 Condones femeninos

11 Implante (Implanon® o Nexplanon®)

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

13 Métodos basados en la conciencia de fertilidad (por ejemplo, método de calendario / ritmo, CycleBeads®, temperatura corporal basal, métodos naturales de planificación familiar)

14 Anticoncepción de emergencia (también conocida como la píldora del día después, Plan B® o ella®)

15 Otro método:

16 Yo preferiría no utilizar ningún método → Vaya a la pregunta 79 en la página 16

17 No sé

18 Prefiero no contestar

68 Implante (Implanon® o Nexplanon®)

- 1 SI
- 2 No
- 3 Prefiero no contestar

Si respondió que sí, ¿Cuánta presión sintió de un proveedor médico para que le insertaran el implante?

- 1 Ninguna
- 2 Poca
- 3 Algo
- 4 Bastante
- 5 Mucha
- 6 Prefiero no contestar

Si respondió que no, ¿Alguna vez ha sentido la presión de un proveedor médico para usar un implante cuando hubiera preferido usar otro método o ningún método en absoluto?

- 1 SI
- 2 No
- 3 Prefiero no contestar

Si respondió que sí, Pensando en la última vez que sintió la presión de un proveedor médico para usar un implante ¿cuánta presión sintió?

- 1 Poca
- 2 Algo
- 3 Bastante
- 4 Mucha
- 5 Prefiero no contestar

69 Condones masculinos o preservativos

- 1 SI
- 2 No
- 3 Prefiero no contestar

Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

- 1 SI
- 2 No
- 3 No sé
- 4 Prefiero no contestar

70 Métodos de barrera (Diafragma, esponja anticonceptiva, capuchón cervical, condón femenino)

- 1 SI
- 2 No
- 3 Prefiero no contestar

Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

- 1 SI
- 2 No
- 3 No sé
- 4 Prefiero no contestar

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

- 1 SI
- 2 No
- 3 Prefiero no contestar

Si respondió que sí, ¿qué DIU usa actualmente?

- 1 Mirena®
- 2 Paragard®
- 3 Skyla®
- 4 Liletta®
- 5 Kyleena®
- 6 Prefiero no contestar

Si respondió que sí, ¿Cuánta presión sintió por parte de un proveedor médico para que le insertaran el DIU?

- 1 Ninguna
- 2 Poca
- 3 Algo
- 4 Bastante
- 5 Mucha
- 6 Prefiero no contestar

Si respondió que no, ¿Alguna vez ha sentido la presión de un proveedor médico para usar un DIU cuando hubiera preferido usar otro método o ningún método en absoluto?

- 1 SI
- 2 No
- 3 Prefiero no contestar

Si respondió que sí, Pensando en la última vez que sintió la presión de un proveedor médico para usar un DIU, ¿cuánta presión sintió?

- 1 Poca
- 2 Algo
- 3 Bastante
- 4 Mucha
- 5 Prefiero no contestar

61 ¿Cuáles son las razones por las que no usa ningún método anticonceptivo? Por favor marque todos los que apliquen.

Actualmente no tengo relaciones sexuales entre el pene y la vagina o relaciones sexuales que puedan llevar al embarazo

Es que no pienso en ello

No me preocupa si quedo embarazada

Quiero quedar embarazada

No quiero utilizar un método anticonceptivo

Mi pareja no quiere usar un método anticonceptivo

Simplemente usamos "sacar"

Mi pareja es de sexo femenino

Pare (o dejé) de utilizar métodos anticonceptivos por los efectos secundarios negativos

Es muy difícil llegar (sin transporte o cuidado de niños, no puede tomarse tiempo libre del trabajo)

No confiaba en dar mi información personal al personal médico

No puedo pagar por anticonceptivos

No creo que pueda quedar embarazada en este momento

Recientemente pare de usar mi método anticonceptivo y no lo volví a usar

Me preocupa que las personas de mi comunidad sepan que estoy usando anticonceptivos

Actualmente estoy amamantando

Creo que mi pareja es infértil (o estéril) y no me puede embarazar

Creo que yo podría ser infértil o que podría ser imposible para mi para quedar embarazada

Razones religiosas

Acabo de tener un bebé

No tengo relaciones sexuales muy a menudo

Disfruto más del sexo cuando no uso un método anticonceptivo

Otra razón, por favor describa:

24 Prefiero no contestar

Si no está usando algún método anticonceptivo actualmente, vaya a la Pregunta 77 en la página 15. De otra manera, continúe con la Pregunta 62.

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

62 Coito interrumpido (también llamado "terminar afuera", cuando el hombre retira su pene de la vagina durante la relación sexual)

1 SI

2 No

3 Prefiero no contestar

Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

1 SI

2 No

4 Prefiero no contestar

63 Píldoras (o pastillas) anticonceptivas. Por favor marque *Si incluso si está tomando pastillas anticonceptivas por una razón que no sea evitar un embarazo.*

1 SI

2 No

3 Prefiero no contestar

Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

1 SI

2 No

4 Prefiero no contestar

64 Parche anticonceptivo (Evrá® u otro)

1 SI

2 No

3 Prefiero no contestar

Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

1 SI

2 No

4 Prefiero no contestar

65 Anillo vaginal (Nuvaring® u otros)

1 SI

2 No

3 Prefiero no contestar

Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

1 SI

2 No

4 Prefiero no contestar

66 Inyecciones anticonceptivas (Depo-Provera®, también llamado "la inyección")

1 SI

2 No

3 Prefiero no contestar

Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

1 SI

2 No

4 Prefiero no contestar

¿Qué importancia tiene para usted cada una de las siguientes características a la hora de decidir qué método anticonceptivo utilizar?

Extremadamente 1
Algo 2
Nada en absoluto 3
No sé 4
Prefiero no contestar 5

- a. Puedo dejar de usar el método anticonceptivo en cualquier momento
- b. Puedo quedar embarazada inmediatamente después de dejar de usarla
- 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 sexo
- f. Utilizo el método sólo cuando voy a tener relaciones sexuales
- g. El método es fácil de conseguir para mí
- h. Puedo conseguirlo sin ver a un médico o sin ir a una clínica
- i. El método tiene pocos o ningún efecto secundario
- j. El método no me quita el disfrute sexual
- k. El método no perjudica el disfrute sexual de mi pareja
- l. El método tiene un beneficio para la salud
- m. El método protege contra las infecciones de transmisión sexual
- n. El método no cambia mis periodos menstruales
- 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
- r. Nadie puede notar que estoy usando el método

55

¿Se ha sometido a una operación de esterilización femenina como la esterilización tubárica (también llamada "ligadura de trompas"), "Essure" (algunas mujeres se esterilizan introduciendo un pequeño espiral en las trompas de Falopio; este método se llama "Essure®"), u otra operación (como una histerectomía) que hace que actualmente no pueda quedar embarazada?

- 1 Sí, "ligadura de trompas" o "Essure"
- 2 Sí, la histerectomía u otra operación, por lo que no puede quedar
- 3 No **←** Vaya a la Pregunta 87 en la página 17
- 4 Prefiero no contestar **←** Vaya a la Pregunta 58

56

¿En qué mes y año se realizó la esterilización tubárica o la operación Essure? Si no puede recordarlo exactamente, por favor, dé su mejor estimación.

Mes: Año:

- 1 No sé
- 2 Prefiero no contestar

57

Tal como se ven las cosas ahora, si su esterilización tubárica pudiera ser revertida de manera segura, ¿querría que se revirtiera? Dirá...

- 1 Definitivamente sí
- 2 Probablemente sí
- 3 Probablemente no
- 4 Definitivamente no
- 5 Ya me han revertido la operación
- 6 No sé
- 7 Prefiero no contestar

SECCIÓN G. USO ACTUAL DE ANTICONCEPTIVOS

60

¿Está usted utilizando actualmente algún método o métodos anticonceptivos?

- 1 Sí **←** Vaya a la Pregunta 62 en la página 13
- 2 No
- 3 Prefiero no contestar **←** Vaya a la Pregunta 62 en la página 13

59

¿Está usted tratando de quedar embarazada actualmente?

- 1 Sí **←** Vaya a la Pregunta 84 en la página 16
- 2 No
- 3 Prefiero no contestar

58

¿Está usted embarazada actualmente?

- 1 Sí **←** Vaya a la Pregunta 87 en la página 17
- 2 No
- 3 Prefiero no contestar

Si se ha sometido a ligadura de trompas o Essure, vaya a la pregunta 77 en la página 15.

48

? Tuvó usted seguro de salud durante los últimos 12 meses?

1 Sí No
 Vaya a la Pregunta 50

3 Prefero no contestar

49

? Por cuántos de los últimos 12 meses estuvo usted SIN seguro de salud?

1 Menos de 1 mes

2 1 a 3 meses

3 4 a 6 meses

4 7 a 12 meses

5 Prefero no contestar

50

? Tiene usted una o más personas o lugares que usted considere su médico o proveedor de atención médica?

1 Sí

2 No

3 Prefero no contestar

51

? Hace cuánto que fue usted al médico para hacerse un chequeo general, de rutina? Un chequeo de rutina es un examen físico general, que no se realiza como consecuencia de una lesión, enfermedad o afección específica.

1 En el último año (hace menos de 12 meses)

2 En los últimos 2 años (hace más de 1 año, pero menos de 2)

3 En los últimos 5 años (hace más de 2 años, pero menos de 5)

4 Hace 5 años o más

5 Nunca

6 No sé

7 Prefero no contestar

53

Por favor califique al proveedor de atención médica que usted vio más recientemente para el control de la natalidad con respecto a las siguientes cualidades.

Si ha no recibido alguno de los servicios en pregunta 52 de un doctor u otra persona que presta atención médica en los últimos 12 meses, vaya a la pregunta 54 en la página 12. De lo contrario, continúe con la pregunta 53.

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 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

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
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1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

Insatisfactorio
 Regular,
 Bueno
 Bueno
 Muy Bueno
 Excelente
 No sé
 Prefero no contestar

- h. Actualmente no tengo ningún seguro de salud o plan de cobertura de salud
- g. Cualquier Otro tipo de seguro de salud o plan de cobertura de salud. *Especifique:*
- f. Servicio de salud indígena
- e. TRICARE u otro cuidado de la salud militar, incluyendo el cuidado de la salud del VA
conocer este tipo de cobertura como Diamond State Health.
- d. Medicaid, Asistencia Médica (MA, por sus cifras en inglés), Programa de seguro médico para niños (CHIP, por sus cifras en inglés) o cualquier tipo de plan o asistencia patrocinada por el estado o gobierno basado en ingresos o discapacidades. Usted puede
- c. Medicare, para las personas mayores de 65 años o personas con alguna discapacidad tales como Healthcare.gov.
- b. Seguro comprado directamente de una compañía de seguros (por usted u otro miembro de la familia). Esto incluiría la cobertura de COBRA.
- a. Seguro por medio del empleador o sindicato actual o anterior (por usted u otro miembro de la familia). Esto incluiría la cobertura de COBRA.

Si No No sé Prefero no contestar

47 ? Esta actualmente cubierta por cualquiera de los siguientes tipos de seguro médico?

En la siguiente sección, nos gustaría saber más sobre su salud reproductiva.

SECCIÓN F. SALUD REPRODUCTIVA

- 1 Propiedad suya o de alguien en este hogar con una hipoteca o préstamo? Incluya préstamos con garantía hipotecaria.
- 2 Propiedad suya o de alguien en este hogar libre de todo gravamen (sin una hipoteca o préstamo)?
- 3 Rentada?
- 4 Ocupada sin pago de renta?
- 5 No sé
- 6 Prefero no contestar

48 Para el siguiente grupo de preguntas, me gustaría preguntarle sobre su situación de vivienda actual. La casa, departamento, o casa móvil en la que vive es...

- 1 SI
- 2 No, yo vivía en otra casa o apartamento en Delaware
- 3 No, yo vivía en una casa o apartamento en otro estado
- 4 No, yo vivía en una casa o apartamento fuera de los Estados Unidos
- 5 Prefero no contestar

49 Durante los ÚLTIMOS 12 MESES, ¿cuántas horas trabajó cada SEMANA en general?

- 1 No sé
- 2 Prefero no contestar

\$

40 ¿Cuál fue la cantidad total de ingresos que recibió en los últimos 12 meses? Por favor reporte la cantidad que usted gana antes de impuestos. Su mejor estimación está bien.

- 1 SI
- 2 No
- 3 Prefero no contestar

39 Ahora, por favor tomando en cuenta solamente a usted misma. Durante los últimos 12 MESES, ¿recibió algún ingreso de sueldos, salarios, comisiones, bonos o propinas?

46 ¿Ha estado viviendo o quedándose en su dirección actual por más de 2 meses?

- 1 SI
- 2 No
- 3 Prefero no contestar

- 1 SI
- 2 No, yo vivía en otra casa o apartamento en Delaware
- 3 No, yo vivía en una casa o apartamento en otro estado
- 4 No, yo vivía en una casa o apartamento fuera de los Estados Unidos
- 5 Prefero no contestar

45 ¿Vive en esta casa o apartamento hace 1 año?

- 1 No sé
- 2 Prefero no contestar

44 ¿Cuántos niños menores de 18 años de edad viven en su hogar?

- 1 No sé
- 2 Prefero no contestar

43 Incluirándose a Ud., ¿cuántas personas viven o se quedan en esta dirección?

- 1 No sé
- 2 Prefero no contestar

29 ? En donde nació?

- 1 En los Estados Unidos (incluyendo sus territorios: Puerto Rico, Guam, etc.)
- 2 Fuera de los Estados Unidos
- 3 Prefiero no contestar

30 ? Es usted de origen hispano, latino, o español?

- 1 SI
- 2 No
- 3 Prefiero no contestar

31 ?Cuál de las siguientes opciones describe mejor su raza?

- 1 Negra o Afro-Americana
 - 2 Blanca
 - 3 Asiática o Asiática Americana
 - 4 India Americana o nativa de Alaska
 - 5 Nativa de Hawai o de las Islas del Pacífico
 - 6 Otro, por favor especifique:
-
- 7 Prefiero no contestar

32 ?Cuál es su estado civil actual?

- 1 Casada
- 2 Viuda
- 3 Divorciada
- 4 Separada
- 5 Nunca he estado casado
- 6 Prefiero no contestar

33 ?Actualmente vive Ud. con un cónyuge o pareja romántica?

- 1 SI
- 2 No
- 3 Prefiero no contestar

34 ?Cuál de las siguientes opciones describe mejor su definición de si misma?

- 1 Lesbiana o Gay
- 2 Heterosexual, es decir, no gay o lesbiana
- 3 Bisexual
- 4 Otra cosa
- 5 No sé
- 6 Prefiero no contestar

35 En cualquier momento DURANTE LOS ÚLTIMOS 3 MESES, ¿ha estudiado usted en una escuela o universidad? Incluye sólo instituciones que conducen a un diploma de escuela secundaria o un título universitario, o a un título profesional más alto que una licenciatura universitaria.

- 1 SI
- 2 No
- 3 Prefiero no contestar

36 ? Es usted actualmente...? Por favor marque todos los que apliquen.

- 1 Empleada asalariada
- 2 Trabajadora independiente (autoempleada)
- 3 Estudiante
- 4 Ha estado desempleada por 1 año o más
- 5 Ha estado desempleada por menos de 1 año
- 6 La persona que se ocupa de las tareas de la casa
- 7 Jubilada
- 8 No puede trabajar
- 9 Prefiero no contestar

37 En los ÚLTIMOS 12 MESES, ¿dejó usted un trabajo o una escuela porque...? Por favor marque todos los que apliquen.

- 1 COVID-19 (Coronavirus)
- 2 Quedé embarazada
- 3 Tuve que asumir responsabilidades de crianza u otras responsabilidades de cuidado
- 4 Me fui por alguna otra razón
- 5 No he dejado un trabajo o una escuela en los últimos 12 meses.
- 6 Prefiero no contestar

38 En estudios como este, la gente es agrupada según los ingresos de toda la familia. Pensando en su ingreso familiar de todas las fuentes en el 2020, ¿aproximadamente cuál fue su ingreso colectivo, antes de los impuestos? Su mejor estimación está bien. Si es estudiante, incluya los ingresos del hogar donde vive en este momento, aún cuando se trate de una habitación de residencia estudiantil o un apartamento que sólo alquile durante el año académico.

\$

- 1 No sé
- 2 Prefiero no contestar

¿Y si Usted tuviera algunas categorías? Diría usted que los ingresos anuales su hogar fueron:

- 1 Menos de \$10,000 dólares
- 2 Entre \$10,000 y menos de \$15,000 dólares
- 3 Entre \$15,000 y menos de \$20,000 dólares
- 4 Entre \$20,000 y menos de \$25,000 dólares
- 5 Entre \$25,000 y menos de \$30,000 dólares
- 6 Entre \$30,000 y menos de \$35,000 dólares
- 7 Entre \$35,000 y menos de \$40,000 dólares
- 8 Entre \$40,000 y menos de \$45,000 dólares
- 9 Entre \$50,000 y menos de \$60,000 dólares
- 10 Entre \$60,000 y menos de \$75,000 dólares
- 11 Entre \$75,000 y menos de \$100,000 dólares
- 12 Entre \$100,000 y menos de \$150,000 dólares
- 13 \$150,000 dólares o más
- 14 No sé
- 15 Prefiero no contestar

39 ? Es usted actualmente...? Por favor marque todos los que apliquen.

- 1 Empleada asalariada
- 2 Trabajadora independiente (autoempleada)
- 3 Estudiante
- 4 Ha estado desempleada por 1 año o más
- 5 Ha estado desempleada por menos de 1 año
- 6 La persona que se ocupa de las tareas de la casa
- 7 Jubilada
- 8 No puede trabajar
- 9 Prefiero no contestar

- 1 Nunca asistió a la escuela o solo asistió al jardín de niños
- 2 Grados 1 a 8 (primaria)
- 3 Grados 9 a 11 (alguna escuela secundaria)
- 4 Grado 12 o GED
- 5 Algo de colegio, sin título
- 6 Título asociado universitario
- 7 Título de licenciatura universitaria (por ejemplo: BA, AB, BS, BBA)
- 8 Título de Maestría
- 9 Título Profesional más allá de licenciatura universitaria
- 10 Título de Doctorado
- 11 Prefero no contestar

28 ¿Cuál es el grado más alto o nivel escolar que usted ha completado?

Ahora nos gustaría hacer algunas preguntas con respecto a sus antecedentes.

SECCIÓN E. INFORMACIÓN DEMOGRÁFICA

Escriba un número entre 0-3

1 No sé

2 Prefero no contestar

27b 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 píldora, el DIU o implante, condones, o inyecciones anticonceptivas)
- Tenido un embarazo ectópico o tubárico en el último año
- Ha tenido su presión arterial medida

Escriba un número entre 0-4

1 No sé

2 Prefero no contestar

27a 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 o tomado un medicamento por lo cual necesitaba una receta médica
- Alguna vez ha tenido una prueba de Papanicolaou
- Alguna vez ha tenido un aborto (terminó un embarazo a propósito) en los últimos 5 años
- 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 Prefero no contestar

26 Verdadero o Falso: Usted puede comenzar cualquier método anticonceptivo que desee durante una visita al consultorio de una clínica.

- Prefero no contestar
- SI No contestar
- a. Condón masculino
 - b. DIU (Mirena®, Paragard®, Skyla®, Liletta®, o Kyleena®)
 - c. Implante anticonceptivo (Implanon® o Nexplanon®)
 - d. Inyecciones anticonceptivas (Depo-Provera®, también se le conoce como "la inyección")
 - e. Píldoras (o pastillas) anticonceptivas
 - f. Anillo vaginal (NuvaRing®)
 - g. Otro método, por favor especifique:

25 ¿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.)

SECCIÓN D. FUENTES DE INFORMACIÓN SOBRE LA ATENCIÓN MÉDICA

7 Prefero no contestar

6 Por alguna otra razón, por favor especifique:

- 5 Por mi presentación de género
- 4 Debido a mi actividad sexual o estilo de vida
- 3 Debido a mi orientación sexual
- 2 Debido a que el inglés no es mi primera lengua
- 1 Debido a mi raza / origen étnico

apliquen.

24 ¿Cómo fue usted tratada injustamente? Me trataron injustamente Por favor marque todos los que apliquen.

- 10 Prefero no contestar
-
- 9 Otro: Por favor especifique:
 - 8 Yo fui tratada injustamente: clínica / farmacia
 - 7 Yo no tenía el transporte ni a nadie que me llevara a la clínica para algún profesional de salud
 - 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
 - 5 No pude comunicarme con un médico, una clínica o farmacia por teléfono
 - 4 Mi seguro médico no cubre el método que quiero.
 - 3 No tenía seguro de salud
 - 2 Estaba fuera de mi alcance económico
 - 1 COVID-19 lo hizo difícil.

24 ¿Por qué se retrasó en conseguir o tuvo problemas para conseguir el método anticonceptivo que usted quería? Por favor marque todos los que apliquen.

17 Otros métodos anticonceptivos (diáfragma, esponja, capuchón cervical, condón femenino)

1 SI

2 No

3 No sé

4 Prefiero no contestar

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

1 SI

2 No

3 No sé

4 Prefiero no contestar

19 La píldora anticonceptiva de emergencia (la píldora Ella®) del día siguiente, también conocida como "Plan B"® o

1 SI

2 No

3 No sé

4 Prefiero no contestar

20 Operación masculina (esterilización o vasectomía de la

1 SI

2 No

3 No sé

4 Prefiero no contestar

21 Cualquier otro método no mencionado previamente

1 SI, especifique:

[Empty text box for specifying other methods]

2 No

3 No sé

4 Prefiero no contestar

22 En los últimos 12 meses, ¿ha necesitado algún método anticonceptivo pero fue demasiado caro?

1 SI

2 No

3 Prefiero no contestar

23 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?

1 SI

2 No

3 Prefiero no contestar

← Vaya a la Pregunta 25 en la página 8

← Vaya a la Pregunta 25 en la página 8

15 Implante (Implanon® o Nexplanon®)

1 SI

2 No

3 No sé

4 Prefiero no contestar

16 Si respondió que no, ¿cuál es la razón principal por la que usted nunca ha usado un implante?

1 El costo es demasiado alto

2 No estoy familiarizada con este método anticonceptivo

3 Debido a mis creencias (religiosas o no)

4 Para evitar efectos secundarios negativos

5 No me siento cómoda pidiéndole un implante a mi

6 Me preocupa el procedimiento para insertar o extraer el implante

7 Mi proveedor no discutió implantes conmigo.

8 Quiero el control sobre cuándo y si usar el método

9 Alguna otra cosa, por favor especifique:

[Empty text box for specifying other reasons]

10 Prefiero no contestar

17 Si respondió que sí, ¿En qué mes y año le insertaron el implante por última vez. Si no puede recordar exactamente, por favor de su mejor estimación

Mes: []

Año: []

18 Si respondió que sí, Si ya no está usando ese implante, ¿en qué mes y año se lo quitaron? Si no puede recordar exactamente, por favor de su mejor estimación.

Mes: []

Año: []

19 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?

Mes: []

Año: []

20 Si todavía estoy usando ese implante

1 SI

2 No sé

3 Prefiero no contestar

21 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 SI

2 No

3 Prefiero no contestar

16 Condones masculinos o preservativos

1 SI

2 No

3 No sé

4 Prefiero no contestar

SECCIÓN C. USO DE ANTICONCEPTIVOS EN EL PASADO

Las siguientes preguntas son sobre el uso de anticonceptivos. El control de la natalidad se refiere 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". 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.

9 ¿Alguna vez usted ha utilizado alguno de estos métodos anticonceptivos, incluso si ha utilizado el método una sola vez?

- 1 SI
- 2 No
- 3 No sé
- 4 Prefiero no contestar

10 Píldoras (o pastillas) anticonceptivas Por favor marque SI, incluso si está / estaba tomando pastillas anticonceptivas por razones distintas para prevenir el embarazo.

- 1 SI
- 2 No
- 3 No sé
- 4 Prefiero no contestar

11 Parche anticonceptivo (Evra® u otro)

- 1 SI
- 2 No
- 3 No sé
- 4 Prefiero no contestar

12 Anillo vaginal (Nuvaring® u otros)

- 1 SI
- 2 No
- 3 No sé
- 4 Prefiero no contestar

13 Inyecciones anticonceptivas (Depo-Provera®, también llamado "la inyección")

- 1 SI
- 2 No
- 3 No sé
- 4 Prefiero no contestar

14 ¿Alguna vez usted ha utilizado alguno de estos métodos anticonceptivos, incluso si ha utilizado el método una sola vez?

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

- 1 SI
- 2 No
- 3 No sé
- 4 Prefiero no contestar

Si respondió que no, ¿cuál es la razón principal por la cual usted no usa el DIU?

- 1 El costo es demasiado alto
- 2 No estoy familiarizada con este método anticonceptivo
- 3 Debido a mis creencias (religiosas o no)
- 4 Para evitar efectos secundarios negativos
- 5 No me siento cómoda pidiéndole un DIU a mi médico
- 6 Me preocupa el procedimiento para insertar o extraer el DIU
- 7 Mi proveedor no discutió conmigo los DIUs
- 8 Quiero el control sobre cuándo y si usar el método
- 9 Alguna otra cosa, por favor especifique
- 10 Prefiero no contestar

Si respondió que sí, ¿qué DIU ha utilizado?

- 1 Liletta® (DIU hormonal utilizado por un máximo de 6 años)
- 2 Mirena® (DIU hormonal utilizado por un máximo de 5 años)
- 3 Skyla® (DIU hormonal utilizado por un máximo de 3 años)
- 4 Paragard® (DIU sin hormonas utilizado por un máximo de 10 años, también se conoce como la "T de cobre")
- 5 Kyleena® (DIU hormonal utilizado por un máximo de 5 años)
- 6 No sé
- 7 Prefiero no contestar

Si respondió que sí, ¿En qué mes y año se colocó el DIU por última vez? Si no puede recordarlo exactamente, por favor de su mejor estimación.

Mes: Año:

Si respondió que sí, Si ya no está usando ese DIU, ¿en qué mes y año se lo quitaron o se lo expulsaron? Si no puede recordarlo exactamente, por favor de su mejor estimación.

Mes: Año:

1 Todavía estoy usando ese DIU

2 No sé

3 Prefiero no contestar

Si respondió que sí, ¿Alguna vez se sintió presionada por un proveedor médico para mantener el DIU que usó por última vez o que sigue usando?

1 SI

2 No

3 Prefiero no contestar

SECCIÓN B. SALUD GENERAL

3 ? Diría usted que su estado de salud general es...?

1 Excelente

2 Muy Buena

3 Buena

4 Regular

5 Mala

6 Preferido no contestar

4 En los últimos 12 meses, ¿ha recibido algún tipo de

atención médica o de salud? *Incluya todos los servicios de atención médica, incluyendo urgencias, visitas a salas de emergencias, visitas médicas de rutina y visitas a especialistas (por ejemplo, ginecólogo, dentista, oculista).*

1 Sí!

2 No → **Vaya a la Pregunta 6**

3 Preferido no contestar → **Vaya a la Pregunta 6**

5 En los últimos 12 meses, ¿ha visitado alguno de los siguientes lugares para recibir atención médica para sí mismo/a?

a. Westside Family Healthcare
1 2 3 4

b. Clínica de Salud de la Universidad del Estado de Delaware

1 2 3 4

c. Clínica La Red

1 2 3 4

d. Planned Parenthood de Delaware

1 2 3 4

e. Centro Médico Henrietta Johnson

1 2 3 4

f. Family Wellness Center/ Delaware Families First (Centro de Bienestar Familiar/ Familias Primaras de Delaware)

1 2 3 4

g. Servicios de Salud del Estado de Delaware

1 2 3 4

h. Una clínica de salud escolar

1 2 3 4

i. Centro de Servicio Estatal Edward W. Pyle

1 2 3 4

j. Centro de Servicio Estatal Thurman Adams (anteriormente el Centro de Servicio Estatal de Georgetown)

1 2 3 4

k. Centro de Servicio Estatal Milford Riverwalk

1 2 3 4

l. Centro de Servicio Estatal Anna C. Shipley

1 2 3 4

6 En los últimos 12 meses, ¿hubo algún momento en que necesitó cuidado de salud para usted misma, por cualquier razón, pero no pudo obtenerlo?

1 Sí

2 No → **Vaya a la Pregunta 8**

3 Preferido no contestar → **Vaya a la Pregunta 8**

7 ? Por qué usted no recibió atención médica?

Por favor marque todos los que apliquen.

1 Me preocupaba la exposición a COVID-19.

2 El lugar al que suelo ir estaba cerrado por culpa de COVID-19.

3 Estaba fuera de mi alcance económico

4 Yo no sabía a dónde ir

5 El lugar donde me atendieron estaba demasiado lejos.

6 No pude llegar allí cuando estaba abierto

7 No pude conseguir una cita pronto

8 No tenía transporte

9 No tuve tiempo para ir

10 No tenía seguro

11 No estaba segura de cuánto del cuidado estaría cubierto por mi seguro

12 Por alguna otra razón, *Especifique:*

13 Preferido no contestar

8 ? 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 afirmativa.*

a. Yo fui —o una pareja, un dependiente o miembro cercano de la familia fue— diagnosticado con o sospechoso de haber contraído COVID-19

1 2 3

b. Yo experimenté —o una pareja, un dependiente o miembro cercano de la familia experimentó— una reducción en las horas de trabajo o pérdida de un empleo debido a COVID-19

1 2 3

c. Tuve que retrasar, cancelar u omitir la visita a mi médico o clínica para recibir atención de salud sexual o reproductiva debido al COVID-19

1 2 3

d. No pude obtener, o tardé en obtener, mi método anticonceptivo debido al COVID-19

1 2 3

SECCIÓN A. Preselección

1 En qué mes y año nació?

Mes:

Año:

Prefiero no contestar

Y si Ud. tuviera algunas categorías? Es su edad... Por favor marque solo uno.

Menos de 18

18-19

20-24

25-29

30-34

35-39

40-44

45 o más

No sé

Prefiero no contestar

2 ¿Cuál es su género?

Mujer

Hombre

Transgénero

No me identifico como mujer, hombre ni transgénero

Prefiero no contestar



Si nadie en su hogar es una mujer (o Transgénero) de 18 a 44 años, responda las dos preguntas en esta página y devuélvanos el folleto en el sobre adjunto. Es importante que recibamos una respuesta de todo hogar seleccionado para este estudio.

Los siguientes son sólo algunos de los métodos anticonceptivos que serán mencionados en la encuesta. Por favor refiérase a esta página si usted tiene alguna duda sobre algún método anticonceptivo.

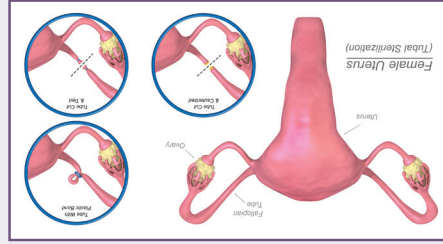
Parche anticonceptivo (Evrá® u otro)



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



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



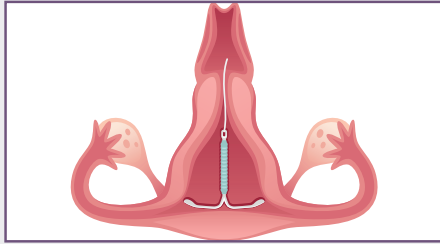
Algunas mujeres se esterilizan por medio de la inserción de un pequeño dispositivo dentro de las trompas de Falopio; este método se llama "Essure®".

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/salgá embarazada. El implante es eficaz por un máximo de 3 años.

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



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 quede embarazada por un máximo de 10 años.

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

womenshealth@norc.org

o mándenlos un correo electrónico a

1-877-396-4064

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

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

NORC 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 gratuita) 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 que recopilamos de usted y no revelaremos su 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 autorizado de NORC tendrá acceso a los datos.

COMIENCE AQUÍ

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. Usted podrá saltar cualquier pregunta para indicar que 'No sabe' o que 'Prefiere no contestar'.

Ejemplos:

<input checked="" type="checkbox"/> Forma correcta 9899	<input type="checkbox"/> Forma incorrecta 9899
---	--

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

INSTRUCCIONES DE LA ENCUESTA

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

¿Quién debería completar el estudio?



Delaware SURVEY OF WOMEN

A graphic element consisting of several purple silhouettes of people in various poses, located below the word 'WOMEN' in the title.

Maryland SURVEY OF WOMEN



Who should answer this survey?

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

[SUID]

Version A

SURVEY INSTRUCTIONS

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

Examples:

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

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.

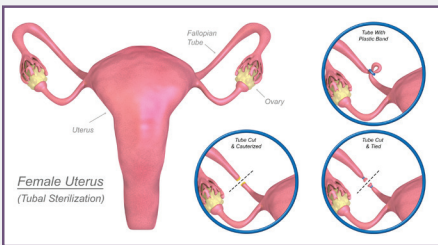
Birth control patch (Evra® or other)



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®”.

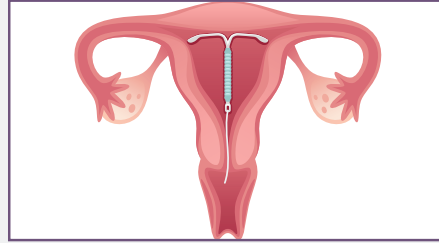
Implant (Implanon® or Nexplanon®)



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 A. SCREENER

1 In what month and year were you born?

Month

Year

¹ Prefer not to answer

→ What if you had some categories? Is your age...

¹ Under 18

² 18-19

³ 20-24

⁴ 25-29

⁵ 30-34

⁶ 35-39

⁷ 40-44

⁸ 45 or older

⁹ Don't know

¹⁰ Prefer not to answer

2 What is your gender?

¹ Female

² Male

³ Transgender

⁴ Do not identify as female, male, or transgender

⁵ Prefer not to answer



If no one in your household is female or transgender ages 18-44, answer the two questions on this page and return the booklet to us in the enclosed envelope. It is important that we receive a response from every household selected for this study.

SECTION B. GENERAL HEALTH

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

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

4 In the past 12 months, have you received any medical 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).

- 1 Yes
- 2 No
- 3 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?

- 1 Yes
- 2 No → Skip to Question 7
- 3 Prefer not to answer → Skip to Question 7

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

- 1 I was concerned about exposure to COVID-19.
- 2 The place I usually go was closed because of COVID-19.
- 3 I couldn't afford it.
- 4 I didn't know where to go.
- 5 The place where I got care was too far away.
- 6 I could not get there when it was open.
- 7 I could not get an appointment soon enough.
- 8 I did not have transportation.
- 9 I didn't have time to go.
- 10 I didn't have insurance.
- 11 I was unsure about how much of the care would be covered under my insurance.
- 12 Some other reason why
Please specify why:
- 13 Prefer not to answer

7 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.

- | | Yes | No | Prefer not to answer |
|---|----------------------------|----------------------------|----------------------------|
| a. I, a partner, a dependent or close family member was diagnosed with, or suspected to have contracted, COVID-19 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 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 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| c. I had to delay, cancel or skip visiting my doctor or clinic for sexual or reproductive health care due to COVID-19 reasons | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| d. I was unable to get, or delayed in getting, my birth control method due to COVID-19 reasons | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

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 **ever used** any of these birth control methods, 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

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

10 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

12 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?

13 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:

- 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

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

14 Implant (Implanon® or Nexplanon®)

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

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

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

- 10 Prefer not to answer

→ If yes, in what month and year did you last have an Implant 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 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

→ 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?

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

15 Male condoms

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

16 Other barrier methods (diaphragm, sponge, cervical cap, female condom)

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

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

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

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

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

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

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

20 Any other method not mentioned previously

- 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
- 2 No → Skip to Question 24 on Page 8
- 3 Prefer not to answer → 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.*

- 1 COVID-19 made it difficult.
- 2 I couldn't afford it.
- 3 I didn't have health insurance.
- 4 My health insurance doesn't cover the method I want.
- 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 too long to see someone.
- 7 I didn't have transportation or a ride to the clinic/pharmacy
- 8 I was treated unfairly.
- 9 Other, please specify:
- 10 Prefer not to answer

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

- 1 Because of my race/ethnicity
- 2 Because English is not my first language
- 3 Because of my sexual orientation
- 4 Because of my sexual activity or lifestyle
- 5 Because of my gender presentation
- 6 Other, please specify:
- 7 Prefer not to answer

SECTION D. SOURCES OF MEDICAL CARE INFORMATION

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

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

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

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

26a On the following list of health experiences, how many of these have you personally experienced? You don't need to say which ones, just how many.

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

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

26b On this next list of health experiences, how many of these have you personally experienced? You don't need to say which ones, just how many.

- Ever used a birth control method (such as: pills, an IUD or implant, condoms, or the shot)
- Had an abortion (ended a pregnancy on purpose) in the past 5 years
- Had a tubal or ectopic pregnancy in the past year
- Ever had your blood pressure measured

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

SECTION E. DEMOGRAPHICS

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

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

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 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
- 3 Prefer not to answer

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

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

7 Prefer not to answer

31 What is your current marital status?

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

32 Do you currently live with a romantic partner?

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

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

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

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

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

35 Are you currently...? *Please check all that apply*

- 1 Employed for wages
- 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
- 9 Prefer not to answer

36 In the PAST 12 MONTHS, did you leave a job or school because...? *Please check all that apply*

- 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

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 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.*

\$

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

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
- 4 \$20,000 to less than \$25,000
- 5 \$25,000 to less than \$30,000
- 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
- 13 \$150,000 or more
- 14 Don't Know
- 15 Prefer not to answer

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

- 1 Yes
- 2 No → Skip to Question 41 on Page 10
- 3 Prefer not to answer → Skip to Question 40 on Page 10

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

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

Hours per week

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

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

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

42 Including you, how many people live or stay at this address?

Number of people

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

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

Number of children

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

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

- 1 Yes → *Skip to Question 46*
- 2 No, I lived in a different house or apartment in Maryland
- 3 No, I lived in a different house or apartment in another state
- 4 No, I lived in a different house or apartment outside of the United States
- 5 Prefer not to answer

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

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

SECTION F. REPRODUCTIVE HEALTH

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

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

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

47 Did you have health insurance during all of the past 12 months?

- 1 Yes → Skip to Question 49
- 2 No
- 3 Prefer not to answer

48 For how many of the past 12 months were you WITHOUT health insurance?

- 1 Less than 1 month
- 2 1 to 3 months
- 3 4 to 6 months
- 4 7 to 12 months
- 5 Prefer not to answer

49 Do you have at least one person or place you think of as your personal doctor or health care provider?

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

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

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

51 In the past 12 months, have you gone to a doctor or other healthcare provider for:

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

If you have not gone to a doctor or other healthcare provider in the past 12 months for any of the reasons listed in Question 51, please skip to Question 53 on Page 12. Otherwise, continue to Question 52.

52 Please rate the healthcare provider you saw most recently for birth control with respect to the following qualities.

	Poor	Fair	Good	Very Good	Excellent	Don't Know	Prefer not to answer
a. Respecting me as a person	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
b. Letting me say what mattered to me about my birth control method	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
c. Taking my preferences about my birth control seriously	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
d. Giving me enough information to make the best decision about my birth control method	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
e. Keeping information about me and my care private	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
f. Having translation available when I want/need it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

How important are each of the following characteristics to you in deciding which birth control method to use?

	Extremely	Somewhat	Not at all	Don't Know	Prefer not to answer
a. I can stop using the birth control method at any time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. I can get pregnant immediately after I stop using it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. The method is affordable	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. The method is easy to use	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. I don't have to remember to use the method each time I have sex	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. I use the method only when I am going to have sex	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. The method is easy for me to get	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. I can get it without seeing a doctor or going to a clinic	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. The method has few or no side effects	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. The method doesn't detract from my sexual enjoyment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. The method does not detract from my partner's sexual enjoyment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. The method has a health benefit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. The method protects against sexually transmitted infections	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
n. The method does not change my menstrual periods	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
o. The method is very effective at preventing pregnancy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
p. I am responsible for using the method and not my sexual partner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
q. I have control over when and whether to use the method	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
r. No one can tell that I am using the method	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

54

Have you had a female sterilizing operation such as tubal sterilization (also called getting "getting your tubes tied" or having a "tubal ligation"), "Essure" (a sterilization method where women have a small coil inserted inside her fallopian tubes) or another operation (such as a hysterectomy) that makes you currently unable to get pregnant?

- 1 Yes, "tubal ligation," "tubes tied," or "Essure"
 2 Yes, hysterectomy or another operation, so unable to get pregnant → Skip to Question 86 on Page 18
 3 No → Skip to Question 57
 4 Prefer not to answer → Skip to Question 57

55

In what month and year did you have the tubal sterilization or "Essure" operation? If you cannot remember exactly, please give your best estimate.

Month: Year:

- 1 Don't Know
 2 Prefer not to answer

56

As things look to you now, if your tubal sterilization could be reversed safely, would you want to have it reversed? Would you say....

- 1 Definitely yes
 2 Probably yes
 3 Probably no
 4 Definitely no
 5 I already had the operation reversed
 6 Don't Know
 7 Prefer not to answer

If you have had a tubal ligation, "Essure" or had your tubes tied, please go to Question 76 on page 15.

57

Are you currently pregnant?

- 1 Yes → Skip to Question 86 on Page 18
 2 No
 3 Prefer not to answer

58

Are you currently trying to get pregnant?

- 1 Yes → Skip to Question 83 on Page 16
 2 No
 3 Prefer not to answer

SECTION G. CURRENT BIRTH CONTROL USE

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

- 1 Yes → Skip to Question 61
 2 No
 3 Prefer not to answer → Skip to Question 61

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

- 1 I'm not currently having penile-vaginal sex or sex that could lead to pregnancy
 2 I just don't think about it
 3 I don't mind if I get pregnant
 4 I want to get pregnant
 5 I don't want to use a birth control method
 6 My partner doesn't want to use a birth control method
 7 We just use "pulling out"
 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:

 24 Prefer not to answer

If you are not 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 currently using? Please check all that apply.

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

- 1 Yes
 2 No
 3 Prefer not to answer

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

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

62 Birth control pills. Please mark YES even if you are taking birth control pills for reasons other than to prevent pregnancy.

- 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

63 Birth control patch (Evra® or other)

- 1 Yes
 2 No
 3 Prefer not to answer

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

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

64 Vaginal ring (Nuvaring® or other)

- 1 Yes
 2 No
 3 Prefer not to answer

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

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

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

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

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

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

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

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

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

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

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

→ **If yes**, 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?

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

→ **If yes**, thinking about the most recent time that you felt pressure from a medical provider to use an IUD, how much pressure did you feel?

- 1 A little
- 2 Some
- 3 Quite a bit
- 4 A lot
- 5 Prefer not to answer

67 Implant (Implanon® or Nexplanon®)

- 1 Yes
- 2 No
- 3 Prefer not to answer

→ **If yes**, how much pressure did you feel from a medical provider to have the implant 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 implant 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 felt pressure from a medical provider to use an implant, how much pressure did you feel?

- 1 A little
- 2 Some
- 3 Quite a bit
- 4 A lot
- 5 Prefer not to answer

68 Male condoms

- 1 Yes
- 2 No
- 3 Prefer not to answer

→ **If yes**, did you use this method the last time you had sex with a male?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

69 Other barrier methods (diaphragm, sponge, cervical cap, female condom)

- 1 Yes
- 2 No
- 3 Prefer not to answer

→ **If yes**, did you use this method the last time you had sex with a male?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

What kind(s) of birth control method(s) are you **currently using**? Please check all that apply

70 Natural family planning methods (also called calendar/rhythm method, cycle beads, basal body temperature)

- 1 Yes
- 2 No
- 3 Prefer not to answer

→ **If yes**, did you use this method the last time you had sex with a male?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

71 Emergency contraception (morning after pill, also known as "Plan B" or Ella®)

- 1 Yes
- 2 No
- 3 Prefer not to answer

→ **If yes**, did you use this method the last time you had sex with a male?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

72 Partner's vasectomy (also known as male sterilization)

- 1 Yes
- 2 No
- 3 Prefer not to answer

→ **If yes**, did you use this method the last time you had sex with a male?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

73 Other method

- 1 Yes, please specify the other method:

- 2 No
- 3 Prefer not to answer

→ **If yes**, did you use this method the last time you had sex with a male?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

74 How confident are you that you have been using your method(s) of birth control correctly for the past 3 months?

- 1 Completely confident
- 2 Somewhat confident
- 3 Neither confident nor not confident
- 4 Somewhat not confident
- 5 Not at all confident
- 6 Prefer not to answer

75 Your use of your birth control method in the past 3 months was:

- 1 Completely under your control
- 2 Somewhat under your control
- 3 Neither under your control nor out of your control
- 4 Somewhat out of your control
- 5 Not at all under your control
- 6 Prefer not to answer

76 If you could use any birth control method you wanted, what method(s) would you use? Please check all that apply.

- 1 I am using the method that I want to use → Skip to Question 78 on Page 16
- 2 Tubal ligation ("tubes tied") or another operation that makes you unable to get pregnant
- 3 Partner's vasectomy (also known as male sterilization)
- 4 Withdrawal ("pulling out")
- 5 Birth control pills ("the pill")
- 6 Male condoms
- 7 Birth control patch (on the skin)
- 8 Vaginal ring (NuvaRing® or other)
- 9 The shot (Depo-Provera®)
- 10 Female condom
- 11 Implant (in the arm; Implanon® or Nexplanon®)
- 12 IUD (intrauterine device; e.g., Mirena; Liletta, Skyla, ParaGard, Kyleena)
- 13 Fertility awareness-based methods (e.g., calendar/rhythm method, CycleBeads®, basal body temperature, natural family planning methods)
- 14 Emergency contraception (also known as the morning-after pill, Plan B® or Ella®)
- 15 Other method:
- 16 I would prefer not to use any method → Skip to Question 78
- 17 Don't Know
- 18 Prefer not to answer

77 What is the main reason you are not currently using the birth control method you want to use?

- 1 I can't afford it
- 2 I don't have health insurance
- 3 My health insurance doesn't cover it
- 4 The insurance co-pays/deductibles are too high
- 5 It's too hard to get to (no transportation or child care, can't take time off work)
- 6 I don't know where I can get the birth control method I want
- 7 The method that I want is not available at my doctor's office, clinic or pharmacy
- 8 I don't want my partner or family to find out that I want to use a birth control method
- 9 I don't trust giving out my personal information to medical staff
- 10 My health care provider suggested I use something else
- 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
- 14 I'm worried about people in my community knowing that I'm using birth control
- 15 I'm not sure
- 16 I or my partner are surgically sterile (had a tubal sterilization, vasectomy, or other operation)
- 17 Other (specify):
- 18 Prefer not to answer

78 Thinking about the past 3 months, about how often did you have sex with a male? *By sex, we mean a penis was inserted in your vagina.*

- 1 About once a week or more
- 2 A few times a month
- 3 About once a month
- 4 Less than once a month
- 5 I did not have sex with a male in the past 3 months → *Skip to Question 80*
- 6 Prefer not to answer

79 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?

- 1 Every time you had sex
- 2 More than half the time
- 3 About half the time
- 4 Less than half the time
- 5 Never
- 6 Don't Know
- 7 Prefer not to answer

80 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 on your satisfaction with the method you use most often.*

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied
- 6 Prefer not to answer

81 How important is it to you to AVOID becoming pregnant now?

- 1 Very important
- 2 Somewhat important
- 3 Neither important nor unimportant
- 4 Somewhat unimportant
- 5 Not at all important
- 6 Prefer not to answer

If you have had a tubal ligation, "Essure" or had your tubes tied, please go to Question 86 on page 18.

82 Would you say switching your current birth control 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.*

- 1 Very likely
- 2 Somewhat likely
- 3 Neither likely nor unlikely
- 4 Somewhat unlikely
- 5 Very unlikely
- 6 Prefer not to answer

83 How do you feel about having a child now or sometime in the future?

- 1 I don't want to have one
- 2 I do want to have one, less than 12 months from now
- 3 I do want to have one, between 12 months and less than 2 years from now
- 4 I do want to have one, between 2 years to less than 5 years from now
- 5 I do want to have one, five or more years from now
- 6 I do want to have one, but I'm not sure when
- 7 Don't Know
- 8 Prefer not to answer

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

84

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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. It would be a good thing for me if I became pregnant in the next 3 months.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. Thinking about becoming pregnant in the next 3 months makes me feel unhappy.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
d. Thinking about becoming pregnant in the next 3 months makes me feel excited.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
e. Becoming pregnant in the next 3 months would bring me closer to my main partner. <i>(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.)</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

85

The following statements relate to your thoughts and feelings about the idea of having a BABY in the next year. Even if you do not think you can have a baby for partner or physical reasons, please imagine how you would feel about having a baby.

	Stongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer not to answer
a. I want to have a baby within the next year.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. If I had a baby in the next year, it would be bad for my life.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. It would be a positive addition to my life to have a baby in the next year.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
d. It would be the end of the world for me to have a baby in the next year.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
e. Thinking about having a baby within the next year makes me smile.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
f. Thinking about having a baby within the next year makes me feel stressed out.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
g. I would feel a loss of freedom if I had a baby in the next year.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
h. If I had a baby in the next year, it would be hard for me to manage raising the child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
i. 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

86 Have you given birth in the past 12 months?

- 1 Yes
- 2 No → Skip to Question 89
- 3 Prefer not to answer → Skip to Question 89

87 Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant?

- 1 I wanted to be pregnant later
- 2 I wanted to be pregnant sooner
- 3 I wanted to be pregnant then
- 4 I didn't want to be pregnant then or at any time in the future
- 5 I wasn't sure what I wanted
- 6 Prefer not to answer

88 How did you feel when you found out you were pregnant with your new baby? Were you...

- 1 Very happy to be pregnant
- 2 Happy to be pregnant
- 3 Neither happy nor unhappy
- 4 Unhappy to be pregnant
- 5 Very unhappy to be pregnant
- 6 Prefer not to answer

89 In your lifetime, how many babies did you have that were born alive?

Number of babies

- 1 Prefer not to answer

90 Some people are unable to get pregnant, even if they want to. How likely do you think it is that you are infertile or would have difficulty getting pregnant?

- 1 Not at all likely to be infertile
- 2 Somewhat likely
- 3 Likely
- 4 Very likely to be infertile
- 5 Don't know
- 6 Prefer not to answer

91 Have you ever been diagnosed as infertile?

- 1 Yes
- 2 No
- 3 Prefer not to answer

SECTION I. PUBLIC POLICY

We have a few final questions related to abortion. Please consider your own thoughts, opinions, and experiences when responding.

92 A woman should not fear being arrested or going to jail for having an abortion (terminating a pregnancy).

- 1 Strongly Agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 6 Prefer not to answer

93 Which comes closest to your own view on abortion?

- 1 Having an abortion is acceptable
- 2 I am against abortion for myself, but I don't believe government should prevent a woman from making the decision for herself.
- 3 Having an abortion is wrong.
- 4 Prefer not to answer

94 Do you identify as...?

- 1 Pro-Choice
- 2 Pro-Life
- 3 Neither
- 4 Both
- 5 Prefer not to answer

95 Do you think abortion should be:

- 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? *Please check only one.*

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 desea obtener más información sobre el estudio, por favor llame al 1-877-396-4064 o envíe un correo electrónico a 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 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.

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 prefirere? *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 e/los nombre(s) y correo(s) electrónico(s) de esta(s) mujer(es) en su hogar?

No

SI

?Hay alguna(s) mujer(es) entre 18 y 44 años en su hogar a quien(es) podríamos contactar para participar en este estudio?

Otros participantes interesados

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.

Gracias

SECCIÓN I. POLÍTICA PÚBLICA

90 Algunas personas no pueden quedar embarazadas, aunque así lo deseen. ¿Qué tan probable es que usted sea infértil o tenga dificultades para quedar embarazada?

- 1 No es probable que sea infértil
- 2 Probable
- 3 Algo probable
- 4 Muy probable que sea infértil
- 5 No sé
- 6 Prefiero no contestar

91 ¿Alguna vez ha sido diagnosticada como infértil (o estéril)?

- 1 Sí
- 2 No
- 3 Prefiero no contestar

87 Pense en el tiempo justo antes de que quedo embarazada de su nuevo bebé, ¿cómo se sentió al quedar embarazada?

- 1 Yo hubiera querido quedar embarazada más tarde (o después)
- 2 Yo hubiera querido quedar embarazada más pronto
- 3 Yo hubiera querido quedar embarazada en ese momento
- 4 Yo no hubiera querido quedar embarazada ni en ese momento ni nunca
- 5 Yo no estaba segura de lo que
- 6 Prefiero no contestar

88 ¿Cómo se sintió cuando supo que estaba embarazada de su nuevo bebé? ¿Estaba usted...

- 1 Muy feliz de estar embarazada
- 2 Feliz de estar embarazada
- 3 Ni feliz ni descontenta
- 4 Descontenta de estar embarazada
- 5 Muy descontenta de estar embarazada
- 6 Prefiero no contestar

89 En toda su vida, ¿cuántos bebés tuvo que nacieron vivos?

Tenemos algunas preguntas finales relacionadas con el aborto. Por favor considere sus propios pensamientos, opiniones y experiencias al responder.

92 Ninguna mujer debe temer ser detenida o ir a la cárcel por haber obtenido un aborto intencional/inducido.

- 1 Totalmente de acuerdo
- 2 De acuerdo
- 3 Ni de acuerdo ni en desacuerdo
- 4 En desacuerdo
- 5 Totalmente en desacuerdo
- 6 Prefiero no contestar

93 ¿Cuál de las siguientes se acerca más a su punto de vista sobre el aborto intencional (aborto inducido)?

- 1 Tener un aborto intencional (aborto inducido) es aceptable
- 2 Estoy en contra de tener un aborto intencional (aborto inducido) yo misma, pero no creo que el gobierno deba impedir que una mujer tome esa decisión por sí misma
- 3 Tener un aborto intencional (aborto inducido) está mal
- 4 Prefiero no contestar

95 Pienso Ud. que el aborto debe ser:

- 1 Legal en todos los casos
- 2 Legal en la mayoría de los casos
- 3 Illegal en la mayoría de los casos
- 4 Illegal en todos los casos
- 5 No sé
- 6 Prefiero no contestar

94 ¿Se identifica usted como...?

- 1 Pro-elección (Pro-Choice)
- 2 Pro-Vida
- 3 Ninguno de los dos
- 4 Ambos
- 5 Prefiero no contestar

SECCIÓN H. EMBARAZOS 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, escoja la respuesta que más corresponda a lo que piensa y siente en este momento de su vida.

Las siguientes afirmaciones se relacionan con los pensamientos y sentimientos sobre la idea de quedar EMBARAZADA en los próximos 3 meses. Incluso si no cree que pueda quedar embarazada por razones físicas o de pareja, por favor imagine cómo se sentiría con respecto a quedar embarazada.

a.	No me desagradaría quedar embarazada en los próximos 3 meses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Para mí, sería algo bueno quedar embarazada en los próximos 3 meses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir infeliz.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir emocionada.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	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, por favor piense en la última persona con quien tuvo relaciones sexuales.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Las siguientes afirmaciones se relacionan con los pensamientos y sentimientos sobre la idea de tener un BEBÉ en el próximo año. Incluso si no cree que pueda tener un bebé por razones de pareja o físicas, por favor imagine cómo se sentiría con respecto a tener un bebé.

a.	Quiero tener un bebé en el próximo año.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Tener un bebé en el próximo año sería algo muy malo para mí.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Tener un bebé en el próximo año sería un cambio positivo para mí.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Sería el fin del mundo para mí tener un bebé el próximo año.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Al pensar en tener un bebé el próximo año me hace sonreír.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Al pensar en tener un bebé el próximo año me hace sentir estresada.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Perdería algo de mi libertad si tuviera un bebé el próximo año.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Si tuviera un bebé en el próximo año, sería difícil arreglármelas para criarlo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Me preocuparía que tener un bebé en el próximo año podría ser más difícil para lograr otras cosas en la vida.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¿Ha tenido un parto (o dado a luz) en los últimos 12 meses?

1 Sí

2 No → Vaya a la pregunta 89 en la página 18

3 Prefero no contestar → Vaya a la pregunta 89 en la página 18

77 ¿Cuál es la razón principal por la que usted actualmente no está usando el método anticonceptivo que desea usar?

- 1 No puedo pagarlo
- 2 No tengo seguro de salud
- 3 Mi seguro de salud no lo cubre
- 4 Los copagos / deducibles del seguro son demasiado altos
- 5 Es muy difícil llegar (sin transporte o cuidado de niños, no puedo tomarme tiempo libre del trabajo)
- 6 No sé dónde puedo obtener el método anticonceptivo que quiero.
- 7 El método que deseo no está disponible en el consultorio de mi médico, clínica o farmacia.
- 8 No quiero que mi pareja o familia descubran que quiero usar un método anticonceptivo
- 9 No confío en dar mi información personal al personal médico
- 10 Mi proveedor de cuidado de salud me sugirió que usara otra cosa
- 11 Tengo una cita programada, pero aún no he ido
- 12 Estoy tratando de quedar embarazada
- 13 Mi pareja no quiere usar este método anticonceptivo
- 14 Me preocupa que las personas de mi comunidad sepan que estoy usando anticonceptivos
- 15 No estoy segura
- 16 Yo o mi pareja somos quirúrgicamente estériles (nos hemos sometido a una esterilización tubárica, vasectomía u otra operación)
- 17 Otro (especifique):

- 18 Prefiero no contestar

78 Pensando en los últimos 3 meses, ¿con qué frecuencia tuvo usted relaciones sexuales con un hombre? Por sexo, nos referimos a un pene insertado en la vagina.

- 1 Aproximadamente una vez por semana o más
- 2 Unas pocas veces al mes
- 3 Aproximadamente una vez al mes
- 4 Menos de una vez al mes
- 5 No tuve relaciones sexuales entre el pene y la vagina o relaciones sexuales que pueden llevar al embarazo en los últimos 3 meses

← Vaya a la pregunta 80

- 6 Prefiero no contestar

79 Pensando en los últimos 3 meses, ¿con qué frecuencia uso Ud. un método anticonceptivo cuando tuvo sexo pene-vaginal o relaciones sexuales que pueden conducir al embarazo?

- 1 Cada vez que tuvo relaciones sexuales
- 2 Más de la mitad de las veces
- 3 Más o menos la mitad de las veces
- 4 Menos de la mitad de las veces
- 5 Nunca
- 6 No sé
- 7 Prefiero no contestar

80 ¿Qué tan satisfecha está usted con su (o sus) método(s) anticonceptivo(s)? Si no usó ningún método, díganos cuán satisfecho está con el hecho de no usar ningún método. Si utiliza más de un método por favor describa que tan satisfecha está con el método que usa más frecuentemente.

- 1 Muy satisfecha
- 2 Algo satisfecha
- 3 Ni satisfecho ni insatisfecho
- 4 Un poco insatisfecho
- 5 Muy insatisfecho
- 6 Prefiero no contestar

81 ¿Qué tan importante es para usted EVITAR quedar embarazada ahora?

- 1 Muy importante
- 2 Algo importante
- 3 Irrelevante
- 4 Algo sin importancia
- 5 No es importante en absoluto
- 6 Prefiero no contestar

Si se ha sometido a ligadura de trompas o Essure, vaya a la pregunta 86 en la página 17.

82 ¿Diría que cambiar su actual método anticonceptivo y usar otro método anticonceptivo en los próximos 3 meses es...? Si actualmente no está usando un método, díganos que tan probable es que comience a usar un método en los próximos 3 meses.

- 1 Muy probable
- 2 Algo probable
- 3 Ni probable ni improbable
- 4 Algo improbable
- 5 Muy improbable
- 6 Prefiero no contestar

83 ¿Qué optina sobre tener un hijo ahora o en el futuro?

- 1 No quiero tener uno
- 2 Yo quisiera tener un hijo en menos de 12 meses a partir de ahora
- 3 Quiero tener uno en más de un año pero en menos de 2 años
- 4 Quiero tener uno en más de dos años pero en menos de 5 años
- 5 Quiero tener uno en 5 años o más
- 6 Quiero tener uno, pero no sé cuando
- 7 No sé
- 8 Prefiero no contestar

¿Qué tipo(s) de método(s) anticonceptivo está usted utilizando actualmente? Por favor marque todos los que apliquen.

70 Los métodos de planificación familiar natural (también llamado calendario / método del ritmo, temperatura basal del cuerpo).

1 SI
 2 No
 3 Prefiero no contestar

vez que tuvo relaciones sexuales con un hombre?
 Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

1 SI
 2 No
 3 No sé
 4 Prefiero no contestar

71 La píldora anticonceptiva de emergencia (la píldora del día después, también conocida como "Plan B" o Ella®)

1 SI
 2 No
 3 Prefiero no contestar

vez que tuvo relaciones sexuales con un hombre?
 Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

1 SI
 2 No
 3 No sé
 4 Prefiero no contestar

72 Operación masculina (esterilización o vasectomía de la pareja sexual)

1 SI
 2 No
 3 Prefiero no contestar

vez que tuvo relaciones sexuales con un hombre?
 Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

1 SI, por favor describa:
 2 No
 3 Prefiero no contestar

73 Otro método

1 SI
 2 No
 3 Prefiero no contestar

vez que tuvo relaciones sexuales con un hombre?
 Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

1 SI
 2 No
 3 No sé
 4 Prefiero no contestar

74

¿Cuán segura está de que usted y / o su pareja han estado utilizando sus métodos anticonceptivos correctamente durante los últimos 3 meses?

1 Completamente segura
 2 Algo segura
 3 Ni segura ni dudosa
 4 Algo dudosa
 5 Completamente dudosa
 6 Prefiero no contestar

75

En los últimos 3 meses diría usted que el uso de su método anticonceptivo actual estuvo:

1 Completamente bajo su control
 2 Algo bajo su control
 3 Ni bajo su control ni fuera de su control
 4 Algo fuera de su control
 5 Totalmente fuera de su control
 6 Prefiero no contestar

76

Si usted pudiera usar cualquier método anticonceptivo que quisiera, ¿qué método(s) usaría? Por favor marque todos los que apliquen.

1 Estoy usando el método que quiero usar → Vaya a la pregunta 78 en la página 16

2 Ligadura de trompas ("tubos atados" u otra operación que le impide quedar embarazada)
 3 Vasectomía de pareja (también conocida como esterilización masculina)
 4 Retirada ("sacar")
 5 Pastillas anticonceptivas
 6 Condones masculinos
 7 Parche anticonceptivo (en la piel)
 8 Anillo vaginal (NuvaRing® o otro)
 9 Inyecciones anticonceptivas (Depo-Provera®, también llamado "inyección")
 10 Condones femeninos
 11 Implante (Implanon® o Nexplanon®)
 12 DIU (Mirena®, Paragard®, Skyla®, Liletta®, o Kyleena®)
 13 Métodos basados en la conciencia de fertilidad (por ejemplo, método de calendario / ritmo, CycleBeads®, temperatura corporal basal, métodos naturales de planificación familiar)

14 Anticoncepción de emergencia (también conocida como la píldora del día después, Plan B® o ella®)
 15 Otro método:

16 Yo preferiría no utilizar ningún método → Vaya a la pregunta 78 en la página 16
 17 No sé
 18 Prefiero no contestar

75

66 DIU (Mirena®, Paragard®, Skyla®, Liletta®, o Kyleena®)

1 SI
2 No
3 Prefiero no contestar

Si respondió que sí, ¿qué DIU usa actualmente?

1 Mirena®
2 Paragard®
3 Skyla®
4 Liletta®
5 Kyleena®
6 Prefiero no contestar

Si respondió que sí, ¿Cuánta presión sintió por parte de un proveedor médico para que le insertaran el DIU?

1 Ninguna
2 Poco
3 Algo
4 Bastante
5 Mucha
6 Prefiero no contestar

Si respondió que no, ¿Alguna vez ha sentido la presión de un proveedor médico para usar un DIU cuando hubiera preferido usar otro método o ningún método en absoluto?

1 SI
2 No
3 Prefiero no contestar

Si respondió que sí, Pensando en la última vez que sintió la presión de un proveedor médico para usar un DIU, ¿cuánta presión sintió?

1 Poco
2 Algo
3 Bastante
4 Mucha
5 Prefiero no contestar

67 Implante (Implanon® o Nexplanon®)

1 SI
2 No
3 Prefiero no contestar

Si respondió que sí, ¿Cuánta presión sintió de un proveedor médico para que le insertaran el implante?

1 Ninguna
2 Poca
3 Algo
4 Bastante
5 Mucha
6 Prefiero no contestar

Si respondió que no, ¿Alguna vez ha sentido la presión de un proveedor médico para usar un implante cuando hubiera preferido usar otro método o ningún método en absoluto?

1 SI
2 No
3 Prefiero no contestar

Si respondió que sí, Pensando en la última vez que sintió la presión de un proveedor médico para usar un implante ¿cuánta presión sintió?

1 Poco
2 Algo
3 Bastante
4 Mucha
5 Prefiero no contestar

68 Condones masculinos o preservativos

1 SI
2 No
3 Prefiero no contestar

Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

1 SI
2 No
3 Prefiero no contestar

Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

1 SI
2 No
3 Prefiero no contestar

Métodos de barrera (Diafragma, esponja anticonceptiva, capuchón cervical, condón femenino)

1 SI
2 No
3 Prefiero no contestar

Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

1 SI
2 No
3 Prefiero no contestar

69

Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

1 SI
2 No
3 Prefiero no contestar

Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

1 SI
2 No
3 No sé
4 Prefiero no contestar

60 ¿Cuáles son las razones por las que no usa ningún método anticonceptivo? Por favor marque todos los que apliquen.

Actualmente no tengo relaciones sexuales entre el pene y la vagina o relaciones sexuales que puedan llevar al embarazo

Es que no pienso en ello

No me preocupa si quedo embarazada

Quiero quedar embarazada

No quiero utilizar un método anticonceptivo

Mi pareja no quiere usar un método anticonceptivo

Simplemente usamos "sacar"

Mi pareja es de sexo femenino

Pare (o dejé) de utilizar métodos anticonceptivos por los efectos secundarios negativos

Es muy difícil llegar (sin transporte o cuidado de niños, no puede tomarse tiempo libre del trabajo)

No confiaba en dar mi información personal al personal médico

No puedo pagar por anticonceptivos

Recientemente pare de usar mi método anticonceptivo y no lo volví a usar

Me preocupa que las personas de mi comunidad sepan que estoy usando anticonceptivos

Actualmente estoy amamantando

Creo que mi pareja es infértil (o estéril) y no me puede embarazar

Creo que yo podría ser infértil o que podría ser imposible para mi para quedar embarazada

Razones religiosas

Acabo de tener un bebé

No tengo relaciones sexuales muy a menudo

Disfruto más del sexo cuando no uso un método anticonceptivo

Otra razón, por favor describa:

Prefiero no contestar

Si no está usando algún método anticonceptivo actualmente vaya a la pregunta 76 en la página 15. De otra manera, continúe con la pregunta 61.

61 ¿Qué tipo(s) de método(s) anticonceptivo está usted utilizando actualmente? Por favor marque todos los que apliquen.

Coito interrumpido (también llamado "terminar afuera", cuando el hombre retira su pene de la vagina durante la relación sexual)

SI

No

Prefiero no contestar

Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

SI

No

Prefiero no contestar

62 Píldoras (o pastillas) anticonceptivas. Por favor marque *Si incluso si está tomando pastillas anticonceptivas por una razón que no sea evitar un embarazo.*

SI

No

Prefiero no contestar

Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

SI

No

Prefiero no contestar

63 Parche anticonceptivo (Evrá® u otro)

SI

No

Prefiero no contestar

Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

SI

No

Prefiero no contestar

64 Anillo vaginal (Nuvaring® u otros)

SI

No

Prefiero no contestar

Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

SI

No

Prefiero no contestar

65 Inyecciones anticonceptivas (Depo-Provera®, también llamado "la inyección")

SI

No

Prefiero no contestar

Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

SI

No

Prefiero no contestar

53 ¿Qué importancia tiene para usted cada una de las siguientes características a la hora de decidir qué método anticonceptivo utilizar?

	1	2	3	4	5
a. Puedo dejar de usar el método anticonceptivo en cualquier momento	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Puedo quedar embarazada inmediatamente después de dejar de usarla	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. El método es asequible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. El método es fácil de usar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. No tengo que acordarme de usar el método cada vez que tengo sexo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Utilizo el método sólo cuando voy a tener relaciones sexuales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. El método es fácil de conseguir para mí	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Puedo conseguirlo sin ver a un médico o sin ir a una clínica	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. El método tiene pocos o ningún efecto secundario	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. El método no me quita el disfrute sexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. El método no perjudica el disfrute sexual de mi pareja	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. El método tiene un beneficio para la salud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. El método protege contra las infecciones de transmisión sexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. El método no cambia mis periodos menstruales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. El método es muy eficaz para prevenir el embarazo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Soy responsable de usar el método y no mi pareja sexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Tengo control sobre cuándo y si usar el método	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Nadie puede notar que estoy usando el método	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Extremadamente
Algo
Nada en absoluto
No sé
Prefiero no contestar

53

54 ¿Se ha sometido a una operación de esterilización femenina como la esterilización tubárica (también llamada "ligadura de trompas"), "Essure" (algunas mujeres se esterilizan introduciendo un pequeño espiral en las trompas de Falopio; este método se llama "Essure®"), u otra operación (como una histerectomía) que hace que actualmente no pueda quedar embarazada?

- a. Sí, "ligadura de trompas" o "Essure"
- b. Sí, la histerectomía u otra operación, por lo que no puede quedar *→ Vaya a la pregunta 86 en la página 17*
- c. No *→ Vaya a la pregunta 57*
- d. Prefiero no contestar *→ Vaya a la pregunta 57*

54

55 ¿En qué mes y año se realizó la esterilización tubárica o la operación Essure? Si no puede recordarlo exactamente, por favor, dé su mejor estimación.

Mes: Año:

No sé Prefiero no contestar

55

56 Tal como se ven las cosas ahora, si su esterilización tubárica pudiera ser revertida de manera segura, ¿querría que se revirtiera? Dirá...

- 1 Definitivamente sí
- 2 Probablemente sí
- 3 Probablemente no
- 4 Definitivamente no
- 5 Ya me han revertido la operación
- 6 No sé
- 7 Prefiero no contestar

56

SECCIÓN G. USO ACTUAL DE ANTICONCEPTIVOS

57 ¿Está usted embarazada actualmente?

- 1 Sí *→ Vaya a la pregunta 86 en la página 17*
- 2 No
- 3 Prefiero no contestar

57

58 ¿Está usted tratando de quedar embarazada actualmente?

- 1 Sí *→ Vaya a la pregunta 83 en la página 16*
- 2 No
- 3 Prefiero no contestar

58

59 ¿Está usted utilizando actualmente algún método o métodos anticonceptivos?

- 1 Sí *→ Vaya a la pregunta 61 en la página 13*
- 2 No
- 3 Prefiero no contestar *→ Vaya a la pregunta 61 en la página 13*

59

52

Por favor califique al proveedor de atención médica que usted vio más recientemente para el control de la natalidad con respecto a las siguientes cualidades.

a. Me respetó como persona	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. Me permitió hablar sobre lo que me importaba de mi método anticonceptivo	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c. Tomó con seriedad mis preferencias de método anticonceptivo	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
d. Me dio suficiente información para tomar la mejor decisión sobre mi método anticonceptivo	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
e. Mantener la información sobre mí y mi cuidado privado	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
f. Tener traducción disponible cuando la quiero / la necesito	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

1 Insatisfactorio
 2 Regular,
 3 Bueno
 4 Bueno
 5 Excelente
 6 No sé
 7 Prefero no contestar

49

¿Tiene usted una o más personas o lugares que usted considere su médico o proveedor de atención médica?

1 SI
 2 NO
 3 Prefero no contestar

48

¿Por cuántos de los últimos 12 meses estuvo usted SIN seguro de salud?

1 SI
 2 NO
 3 Prefero no contestar

47

¿Tuvo usted seguro de salud durante los últimos 12 meses?

1 SI
 2 NO
 3 Prefero no contestar

50

¿Hace cuánto que fue usted al médico para hacerse un chequeo general, de rutina? Un chequeo de rutina es un examen físico general, que no se realiza como consecuencia de una lesión, enfermedad o afección específica.

1 En el último año (hace menos de 12 meses)
 2 En los últimos 2 años (hace más de 1 año, pero menos de 2)
 3 En los últimos 5 años (hace más de 2 años, pero menos de 5)
 4 Hace 5 años o más
 5 Nunca
 6 No sé
 7 Prefero no contestar

51

En los últimos 12 meses, ¿ha recibido alguno de los siguientes servicios de un doctor u otra persona que presta atención médica?

1 SI
 2 NO
 3 No sé
 4 Prefero no contestar

a. Le han dado o recetado algún método anticonceptivo
 b. Le han hecho un chequeo o examen médico relacionado con el uso de un método anticonceptivo
 c. Ha recibido consejería o información acerca de métodos anticonceptivos
 d. Le ha preguntado un doctor, enfermera u otra persona que presta atención médica si quiere quedar embarazada durante el próximo año
 e. Una prueba de embarazo
 f. Un chequeo general de GYN (visita anual de mujeres)

53

Si ha no recibido alguno de los servicios en pregunta 51 de un doctor u otra persona que presta atención médica en los últimos 12 meses, vaya a la pregunta 53 en la página 12. De lo contrario, continúe con la pregunta 52.

4	3	2	1	h. Actualmente no tengo ningún seguro de salud o plan de cobertura de salud
4	3	2	1	g. Cualquier Otro tipo de seguro de salud o plan de cobertura de salud. <i>Especifique:</i>
4	3	2	1	f. Servicio de salud indígena
4	3	2	1	e. TRICARE u otro cuidado de la salud militar, incluyendo el cuidado de la salud del VA Maryland Health Choice, o el Programa de Salud Infantil de Maryland. Maryland Health Choice, o el Programa de Salud Infantil de Maryland. conocer a este tipo de cobertura como Programa de Asistencia Médica de Maryland, patrocinada por el estado o gobierno basado en ingresos o discapacidades. Usted puede médico para niños (CHIP, por sus cifras en inglés) o cualquier tipo de plan o asistencia
4	3	2	1	d. Medicaid, Asistencia Médica (MA, por sus cifras en inglés), Programa de seguro
4	3	2	1	c. Medicare, para las personas mayores de 65 años o personas con alguna discapacidad tales como marylandhealthconnection.gov.
4	3	2	1	b. Seguro comprado directamente de una compañía de seguros (por usted u otro miembro de la familia). Esto incluirá cobertura adquirida a través de un intercambio o mercado,
4	3	2	1	a. Seguro por medio del empleador o sindicato actual o anterior (por usted u otro miembro de la familia). Esto incluirá la cobertura de COBRA.

1 Si
2 No
3 No sé
4 Prefiero no contestar

46 ¿Está actualmente cubierta por cualquiera de los siguientes tipos de seguro médico?

En la siguiente sección, nos gustaría saber más sobre su salud reproductiva.

SECCIÓN F. SALUD REPRODUCTIVA

47 Ahora, por favor tomando en cuenta solamente a usted misma. Durante los últimos 12 MESES, ¿recibió algún ingreso de sueldos, salarios, comisiones, bonos o propinas?

1 Si
2 No → Vaya a la pregunta 41
3 Prefiero no contestar → Vaya a la pregunta 40

39 ¿Cuál fue la cantidad total de ingresos que recibió en los últimos 12 meses? Por favor reporte la cantidad que usted gana antes de impuestos. Su mejor estimación está bien.

\$

40 Durante los ÚLTIMOS 12 MESES, ¿cuántas horas trabajó cada SEMANA en general?

1 No sé
2 Horas por semana
3 Prefiero no contestar

41 Para el siguiente grupo de preguntas, me gustaría preguntarle sobre su situación de vivienda actual. La casa, departamento, o casa móvil en la que vive es...

1 ¿Propiedad suya o de alguien en este hogar con una hipoteca o préstamo? Incluya préstamos con garantía hipotecaria.
2 ¿Propiedad suya o de alguien en este hogar libre de todo gravamen (sin una hipoteca o préstamo)?
3 ¿Rentada?
4 ¿Ocupada sin pago de renta?
5 No sé
6 Prefiero no contestar

42 Incluirándose a Ud., ¿cuántas personas viven o se quedan en esta dirección?

1 Número de personas
2 Prefiero no contestar

43 ¿Cuántos niños menores de 18 años de edad viven en su hogar?

1 Número de niños
2 Prefiero no contestar

44 ¿Vivía en esta casa o apartamento hace 1 año?

1 SI ← Vaya a la pregunta 46
2 No
3 Prefiero no contestar

45 ¿Ha estado viviendo o quedándose en su dirección actual por más de 2 meses?

1 SI
2 No
3 Prefiero no contestar

46 ¿Ha estado viviendo o quedándose en su dirección actual por más de 2 meses?

1 SI
2 No
3 Prefiero no contestar

28 ? En donde nació?

- 1 En los Estados Unidos (incluyendo sus territorios: Puerto Rico, Guam, etc.)
- 2 Fuera de los Estados Unidos
- 3 Prefiero no contestar

29 ? Es usted de origen hispano, latino, o español?

- 1 Empleada asalariada
- 2 Trabajadora independiente (autoempleada)
- 3 Estudiante
- 4 Ha estado desempleada por 1 año o más
- 5 Ha estado desempleada por menos de 1 año
- 6 La persona que se ocupa de las tareas de la casa
- 7 Jubilada
- 8 No puede trabajar
- 9 Prefiero no contestar

30 ?Cuál de las siguientes opciones describe mejor su raza?

- 1 Negra o Afro-Americana
 - 2 Blanca
 - 3 Asiática o Asiática Americana
 - 4 India Americana o nativa de Alaska
 - 5 Nativa de Hawai o de las Islas del Pacífico
 - 6 Otro, por favor especifique:
-
- 7 Prefiero no contestar

31 ?Cuál es su estado civil actual?

- 1 Casada
- 2 Viuda
- 3 Divorciada
- 4 Separada
- 5 Nunca he estado casado
- 6 Prefiero no contestar

32 ?Actualmente vive Ud. con un cónyuge o pareja romántica?

- 1 SI
- 2 No
- 3 Prefiero no contestar

33 ?Cuál de las siguientes opciones describe mejor su definición de si misma?

- 1 Lesbiana o Gay
- 2 Heterosexual, es decir, no gay o lesbiana
- 3 Bisexual
- 4 Otra cosa
- 5 No sé
- 6 Prefiero no contestar

34 En cualquier momento DURANTE LOS ÚLTIMOS 3 MESES, ¿ha estudiado usted en una escuela o universidad? Incluye sólo instituciones que conducen a un diploma de escuela secundaria o un título universitario, o a un título profesional más alto que una licenciatura universitaria.

- 1 SI
- 2 No
- 3 Prefiero no contestar

28 ? En donde nació?

- 1 En los Estados Unidos (incluyendo sus territorios: Puerto Rico, Guam, etc.)
- 2 Fuera de los Estados Unidos
- 3 Prefiero no contestar

29 ? Es usted de origen hispano, latino, o español?

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- 3 Estudiante
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- 5 Ha estado desempleada por menos de 1 año
- 6 La persona que se ocupa de las tareas de la casa
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 - 4 India Americana o nativa de Alaska
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 - 6 Otro, por favor especifique:
-
- 7 Prefiero no contestar

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- 1 SI
- 2 No
- 3 Prefiero no contestar

35 ? Es usted actualmente...? Por favor marque todos los que apliquen.

- 1 Empleada asalariada
- 2 Trabajadora independiente (autoempleada)
- 3 Estudiante
- 4 Ha estado desempleada por 1 año o más
- 5 Ha estado desempleada por menos de 1 año
- 6 La persona que se ocupa de las tareas de la casa
- 7 Jubilada
- 8 No puede trabajar
- 9 Prefiero no contestar

36 En los ÚLTIMOS 12 MESES, ¿dejó usted un trabajo o una escuela porque...? Por favor marque todos los que apliquen.

- 1 COVID-19 (Coronavirus)
- 2 Quedé embarazada
- 3 Tuve que asumir responsabilidades de crianza u otras responsabilidades de cuidado
- 4 Me fui por alguna otra razón
- 5 No he dejado un trabajo o una escuela en los últimos 12 meses.
- 6 Prefiero no contestar

37 En estudios como este, la gente es agrupada según los ingresos de toda la familia. Pensando en su ingreso familiar de todas las fuentes en el 2020, ¿aproximadamente cuál fue su ingreso colectivo, antes de los impuestos? Su mejor estimación está bien. Si es estudiante, incluya los ingresos del hogar donde vive en este momento, aún cuando se trate de una habitación de residencia estudiantil o un apartamento que sólo alquile durante el año académico.

\$

- 1 No sé
- 2 Prefiero no contestar

- 1 Menos de \$10,000 dólares
- 2 Entre \$10,000 y menos de \$15,000 dólares
- 3 Entre \$15,000 y menos de \$20,000 dólares
- 4 Entre \$20,000 y menos de \$25,000 dólares
- 5 Entre \$25,000 y menos de \$30,000 dólares
- 6 Entre \$30,000 y menos de \$35,000 dólares
- 7 Entre \$35,000 y menos de \$40,000 dólares
- 8 Entre \$40,000 y menos de \$50,000 dólares
- 9 Entre \$50,000 y menos de \$60,000 dólares
- 10 Entre \$60,000 y menos de \$75,000 dólares
- 11 Entre \$75,000 y menos de \$100,000 dólares
- 12 Entre \$100,000 y menos de \$150,000 dólares
- 13 \$150,000 dólares o más
- 14 No sé
- 15 Prefiero no contestar

¿Y si Usted tuviera algunas categorías? Diría usted que

- 1 Nunca asistió a la escuela o solo asistió al jardín de niños
- 2 Grados 1 a 8 (primaria)
- 3 Grados 9 a 11 (alguna escuela secundaria)
- 4 Grado 12 o GED
- 5 Algo de colegio, sin título
- 6 Título asociado universitario
- 7 Título de licenciatura universitaria (por ejemplo: BA, AB, BS, BBA)
- 8 Título de Maestría
- 9 Título Profesional más allá de licenciatura universitaria
- 10 Título de Doctorado
- 11 Prefiero no contestar

27 ¿Cuál es el grado más alto o nivel escolar que usted ha completado?

Ahora nos gustaría hacer algunas preguntas con respecto a sus antecedentes.

SECCIÓN E. INFORMACIÓN DEMOGRÁFICA

1 No sé

2 Prefiero no contestar

Escriba un número entre 0-4

26b 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 píldora, el DIU o implante, condones, o inyecciones anticonceptivas)
- Alguna vez ha tenido un aborto (terminó un embarazo a propósito) en los últimos 5 años
- Tenido un embarazo ectópico o tubárico en el último año
- Ha tenido su presión arterial medida

1 No sé

2 Prefiero no contestar

Escriba un número entre 0-3

26a 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 o tomado un medicamento por lo cual necesitaba una receta médica
- Alguna vez ha tenido una prueba de Papanicolaou
- Diagnostificada 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

25 Verdadero o Falso: Usted puede comenzar cualquier método anticonceptivo que desee durante una visita al consultorio de una clínica.

- Prefiero no contestar
- SI No contestar
- a. Condón masculino 3 2 1
 - b. DIU (Mirena®, Paragard®, Skyla®, Liletta®, o Kyleena®) 3 2 1
 - c. Implante anticonceptivo (Implanon® o Nexplanon®) 3 2 1
 - d. Inyecciones anticonceptivas (Depo-Provera®, también se le conoce como "la inyección") 3 2 1
 - e. Píldoras (o pastillas) anticonceptivas 3 2 1
 - f. Anillo vaginal (NuvaRing®) 3 2 1
 - g. Otro método, por favor especifique: 3 2 1

24 ¿Sabe cómo USED 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.)

SECCIÓN D. FUENTES DE INFORMACIÓN SOBRE LA ATENCIÓN MÉDICA

- 1 Debido a mi raza / origen étnico
- 2 Debido a que el inglés no es mi primera lengua
- 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

23 ¿Por qué se retrasó en conseguir o tuvo problemas para conseguir el método anticonceptivo que usted quería? Por favor marque todos los que apliquen.

1 COVID-19 lo hizo difícil.

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, el tiempo de espera era demasiado largo para ser atendida por algún profesional de salud

7 Yo no tenía el transporte ni a nadie que me llevara a la clínica / farmacia

8 Yo fui tratada injustamente.

9 Otro: Por favor especifique:

10 Prefiero no contestar

26b ¿Cómo fue usted tratada injustamente? Me trataron injustamente Por favor marque todos los que apliquen.

1 Debido a mi raza / origen étnico

2 Debido a que el inglés no es mi primera lengua

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

16 Otros métodos anticonceptivos (diáfragma, esponja, capuchón cervical, condón femenino)

- 1 SI
- 2 No
- 3 No sé
- 4 Prefiero no contestar

17 Los métodos de planificación familiar natural (también llamado calendario / método del ritmo, temperatura basal del cuerpo).

- 1 SI
- 2 No
- 3 No sé
- 4 Prefiero no contestar

18 La píldora anticonceptiva de emergencia (la píldora Ella®) del día siguiente, también conocida como "Plan B"® o

- 1 SI
- 2 No
- 3 No sé
- 4 Prefiero no contestar

19 Operación masculina (esterilización o vasectomía de la

- 1 SI
- 2 No
- 3 No sé
- 4 Prefiero no contestar

20 Cualquier otro método no mencionado previamente

1 SI, especifique:

21 En los últimos 12 meses, ¿ha necesitado algún método anticonceptivo pero fue demasiado caro?

- 1 SI
- 2 No
- 3 Prefiero no contestar

22 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?

- 1 SI
- 2 No → Vaya a la pregunta 24 en la página 8
- 3 Prefiero no contestar → Vaya a la pregunta 24 en la página 8

14 ¿Alguna vez usted ha utilizado alguno de estos métodos anticonceptivos, incluso si ha utilizado el método una sola vez?

Implante (Implanon® o Nexplanon®)

- 1 SI
- 2 No
- 3 No sé
- 4 Prefiero no contestar

Si respondió que no, ¿cuál es la razón principal por la que usted nunca ha usado un implante?

- 1 El costo es demasiado alto
- 2 No estoy familiarizada con este método anticonceptivo
- 3 Debido a mis creencias (religiosas o no)
- 4 Para evitar efectos secundarios negativos
- 5 No me siento cómoda pidiéndole un implante a mi médico
- 6 Me preocupa el procedimiento para insertar o extraer el implante
- 7 Mi proveedor no discutió implantes conmigo.
- 8 Quiero el control sobre cuándo y si usar el método
- 9 Alguna otra cosa, por favor especifique:

Si respondió que sí, ¿En qué mes y año le insertaron el implante por última vez. Si no puede recordarlo exactamente, por favor de su mejor estimación

Mes: Año:

Si respondió que sí, Si ya no está usando ese implante, ¿en qué mes y año se lo quitaron? Si no puede recordar exactamente, por favor de su mejor estimación.

Mes: Año:

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 SI
- 2 No
- 3 Prefiero no contestar

15 Condones masculinos o preservativos

- 1 SI
- 2 No
- 3 No sé
- 4 Prefiero no contestar

SECCIÓN C. USO DE ANTICONCEPTIVOS EN EL PASADO

Las siguientes preguntas son sobre el uso de anticonceptivos. El control de la natalidad se refiere 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". 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.

8 ¿Alguna vez usted ha utilizado alguno de estos métodos anticonceptivos, incluso si ha utilizado el método una sola vez?

9 Coito interrumpido (también llamado "terminar afuera")

1 SI
2 No
3 No sé
4 Prefiero no contestar

10 Píldoras (o pastillas) anticonceptivas Por favor marque SI, incluso si está / estaba tomando pastillas anticonceptivas por razones distintas para prevenir el embarazo.

1 SI
2 No
3 No sé
4 Prefiero no contestar

11 Parche anticonceptivo (Evra® u otro)

1 SI
2 No
3 No sé
4 Prefiero no contestar

12 Anillo vaginal (Nuvaring® u otros)

1 SI
2 No
3 No sé
4 Prefiero no contestar

13 Inyecciones anticonceptivas (Depo-Provera®, también llamado "la inyección")

1 SI
2 No
3 No sé
4 Prefiero no contestar

13 ¿Alguna vez usted ha utilizado alguno de estos métodos anticonceptivos, incluso si ha utilizado el método una sola vez?

DIU (Mirena®, Paragard®, Skyla®, Liletta®, o Kyleena®)

1 SI
2 No
3 No sé
4 Prefiero no contestar

1 Si respondió que no, ¿cuál es la razón principal por la cual usted no usa el DIU?

- 1 El costo es demasiado alto
- 2 No estoy familiarizada con este método anticonceptivo
- 3 Debido a mis creencias (religiosas o no)
- 4 Para evitar efectos secundarios negativos
- 5 No me siento cómoda pidiéndole un DIU a mi médico
- 6 Me preocupa el procedimiento para insertar o extraer el DIU
- 7 Mi proveedor no discutió conmigo los DIUs
- 8 Quiero el control sobre cuándo y si usar el método
- 9 Alguna otra cosa, por favor especifique
- 10 Prefiero no contestar

2 Si respondió que sí, ¿qué DIU ha utilizado?

Por favor marque todos los que apliquen.

- 1 Liletta® (DIU hormonal utilizado por un máximo de 6 años)
- 2 Mirena® (DIU hormonal utilizado por un máximo de 5 años)
- 3 Skyla® (DIU hormonal utilizado por un máximo de 3 años)
- 4 Paragard® (DIU sin hormonas utilizado por un máximo de 10 años, también se conoce como la "T de cobre")
- 5 Kyleena® (DIU hormonal utilizado por un máximo de 5 años)
- 6 No sé
- 7 Prefiero no contestar

3 Si respondió que sí, ¿En qué mes y año se colocó el DIU por última vez? Si no puede recordarlo exactamente, por favor de su mejor estimación.

Mes: Año:

1 No sé
2 Prefiero no contestar

4 Si respondió que sí, Si ya no está usando ese DIU, ¿en qué mes y año se lo quitaron o se lo expulsaron? Si no puede recordarlo exactamente, por favor de su mejor estimación.

Mes: Año:

1 Todavía estoy usando ese DIU

2 No sé

3 Prefiero no contestar

5 Si respondió que sí, ¿Alguna vez se sintió presionada por un proveedor médico para mantener el DIU que usó por última vez o que sigue usando?

1 SI

2 No

3 Prefiero no contestar

SECCIÓN B. SALUD GENERAL

3 ?Diría usted que su estado de salud general es...?

1 Excelente

2 Muy Buena

3 Buena

4 Regular

5 Mala

6 Prefero no contestar

4 En los últimos 12 meses, ¿ha recibido algún tipo de

atención médica o de salud? *Incluya todos los servicios*

de atención médica, incluyendo urgencias, visitas a salas

de emergencias, visitas médicas de rutina y visitas a

especialistas (por ejemplo, ginecólogo, dentista, oculista).

1 Sí

2 No

3 Prefero no contestar

5 En los últimos 12 meses, ¿hubo algún momento en

que necesité cuidado de salud para usted misma, por

cualquier razón, pero no pudo obtenerlo?

1 Sí

2 No

3 Prefero no contestar

← Vaya a la pregunta 7

← Vaya a la pregunta 7

6

?Por qué usted no recibió atención médica?

Por favor marque todos los que apliquen.

1 Me preocupaba la exposición a COVID-19.

2 El lugar al que suelo ir estaba cerrado por culpa de COVID-19.

3 Estaba fuera de mi alcance económico

4 Yo no sabía a dónde ir

5 El lugar donde me atendieron estaba demasiado lejos.

6 No pude llegar allí cuando estaba abierto

7 No pude conseguir una cita pronto

8 No tenía transporte

9 No tuve tiempo para ir

10 No tenía seguro

11 No estaba segura de cuánto del cuidado estaría cubierto

12 Por alguna otra razón, *Especifique:*

13 Prefero no contestar

? 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

afirmativa.

SI No contestar
1 2 3

a. Yo fui —o una pareja, un dependiente

o miembro cercano de la familia fue—

diagnosticado con o sospechoso de

haber contraído COVID-19

b. Yo experimenté —o una pareja, un

dependiente o miembro cercano de la

familia experimentó— una reducción

en las horas de trabajo o pérdida de

un empleo debido a COVID-19

c. Tuve que retrasar, cancelar u omitir

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,

mi método anticonceptivo debido al

COVID-19

5

SECCIÓN A. Preselección

1 En qué mes y año nació?

Mes:

Año:

Prefiero no contestar

Y si Ud. tuviera algunas categorías? Es su edad... Por favor marque solo uno.

Menos de 18

18-19

20-24

25-29

30-34

35-39

40-44

45 o más

No sé

Prefiero no contestar

2 ¿Cuál es su género?

Mujer

Hombre

Transgénero

No me identifico como mujer, hombre ni transgénero

Prefiero no contestar



Si nadie en su hogar es una mujer (o Transgénero) de 18 a 44 años, responda las dos preguntas en esta página y devuélvanos el folleto en el sobre adjunto. Es importante que recibamos una respuesta de todo hogar seleccionado para este estudio.

Los siguientes son sólo algunos de los métodos anticonceptivos que serán mencionados en la encuesta. Por favor refiérase a esta página si usted tiene alguna duda sobre algún método anticonceptivo.

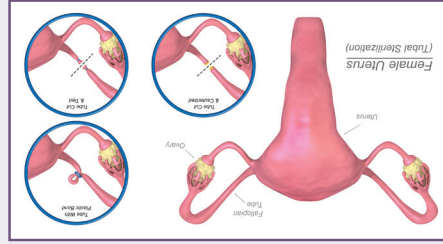
Parche anticonceptivo (Evrá® u otro)



Depo-Provera® (también llamado "la inyección")



Operación femenina (esterilización, ligadura de trompas, Essure®)



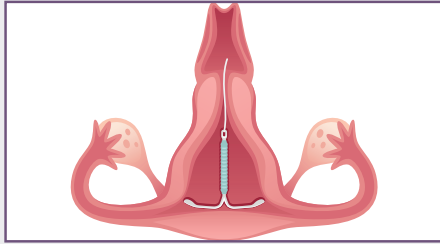
Algunas mujeres se esterilizan por medio de la inserción de un pequeño dispositivo dentro de las trompas de Falopio; este método se llama "Essure®".

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 máximo de 3 años.

Los métodos de planificación familiar natural (también llamado calendario / método del ritmo, temperatura basal del cuerpo).



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 quede embarazada por un máximo de 10 años.

Los métodos de planificación familiar natural incluyen comportamientos o estrategias que las mujeres y sus parejas pueden utilizar para prevenir el embarazo sin medicación. Algunos métodos de planificación familiar natural incluyen el "Método del calendario" o el "método del ritmo", que significa que las parejas no tienen relaciones sexuales pene-vagina durante el tiempo que una mujer tiene más probabilidades de quedar embarazada (las mujeres son más fértiles, y probablemente pueden quedar embarazadas a la mitad de su ciclo menstrual). Las mujeres también pueden utilizar los granos de ciclo para ayudarles a hacer un seguimiento de cuando es más probable que quede embarazada. Cada grano representa cada día del mes y ella no debe tener relaciones sexuales durante los días que son representados por los granos blancos. Finalmente, algunas mujeres que utilizan métodos naturales de planificación familiar se basan en el método de la temperatura basal del cuerpo. Este método requiere que las mujeres hagan un seguimiento de su temperatura y el líquido de su cuello uterino todos los días. Hay un punto en el mes durante el cual su temperatura y los fluidos cervicales cambian y eso señala el tiempo que ella tiene más probabilidades de quedar embarazada y por lo tanto se debe evitar tener relaciones sexuales.

womenshealth@norc.org

o mándenlos un correo electrónico a

1-877-396-4064

Si se encuentra con dificultades durante la encuesta,
por favor llámenos por línea gratuita al

Sus opiniones son muy importantes para nosotros, y apreciamos mucho su ayuda.

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 que recopilamos de usted y no revelaremos su 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 autorizado de NORC tendrá acceso a los datos.

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 cualquier pregunta. 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 gratuita) al 1-866-309-0542.

NORC 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.

COMIENCE AQUÍ

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. Usted podrá saltar cualquier pregunta para indicar que 'No sabe' o que 'Prefiere no contestar'.

Ejemplos:

<input checked="" type="checkbox"/> Forma correcta 9899	<input type="checkbox"/> Forma incorrecta 9899
---	--

Por favor marque su respuesta con una "X" utilizando tinta azul o negra, como se muestra en los ejemplos que figuran a continuación.

INSTRUCCIONES DE LA ENCUESTA

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 WOMEN



Maryland SURVEY OF WOMEN



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.

Examples:

<p>Right Way</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 9 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 9</p>	<p>Wrong Way</p> <p><input checked="" type="checkbox"/> 9 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 9</p>
---	--

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.

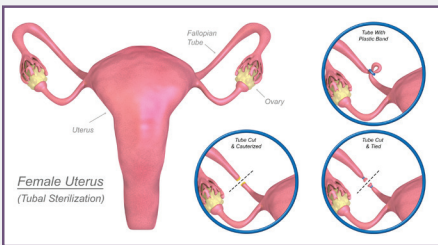
Birth control patch (Evra® or other)



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®”.

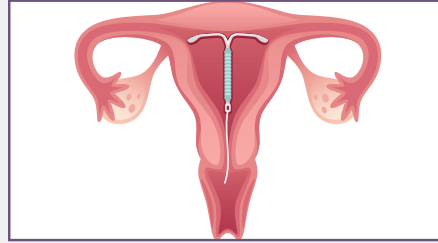
Implant (Implanon® or Nexplanon®)



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 A. SCREENER

1 In what month and year were you born?

Month
Year

¹ Prefer not to answer

→ What if you had some categories? Is your age...

¹ Under 18

² 18-19

³ 20-24

⁴ 25-29

⁵ 30-34

⁶ 35-39

⁷ 40-44

⁸ 45 or older

⁹ Don't know

¹⁰ Prefer not to answer

2 What is your gender?

¹ Female

² Male

³ Transgender

⁴ Do not identify as female, male, or transgender

⁵ Prefer not to answer



If no one in your household is female or transgender ages 18-44, answer the two questions on this page and return the booklet to us in the enclosed envelope. It is important that we receive a response from every household selected for this study.

SECTION B. GENERAL HEALTH

3 Would you say that in general your health is....?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 Prefer not to answer

4 In the past 12 months, have you received any medical 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).

- 1 Yes
- 2 No
- 3 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?

- 1 Yes
- 2 No → Skip to Question 7
- 3 Prefer not to answer → Skip to Question 7

6 Why didn't you get health care for yourself? Please check all that apply.

- 1 I was concerned about exposure to COVID-19.
- 2 The place I usually go was closed because of COVID-19.
- 3 I couldn't afford it.
- 4 I didn't know where to go.
- 5 The place where I got care was too far away.
- 6 I could not get there when it was open.
- 7 I could not get an appointment soon enough.
- 8 I did not have transportation.
- 9 I didn't have time to go.
- 10 I didn't have insurance.
- 11 I was unsure about how much of the care would be covered under my insurance.
- 12 Some other reason why
Please specify why:
- 13 Prefer not to answer

7 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.

- | | Yes | No | Prefer not to answer |
|---|----------------------------|----------------------------|----------------------------|
| a. I, a partner, a dependent or close family member was diagnosed with, or suspected to have contracted, COVID-19 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 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 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| c. I had to delay, cancel or skip visiting my doctor or clinic for sexual or reproductive health care due to COVID-19 reasons | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| d. I was unable to get, or delayed in getting, my birth control method due to COVID-19 reasons | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

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 ever used any of these birth control methods, 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

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

10 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

12 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?

13 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:

- 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

Have you ever used any of these birth control methods, even if you have used the method only once?

14 Implant (Implanon® or Nexplanon®)

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

→ If no, what is the primary reason you have never used an implant?

- 1 The cost is too high
- 2 I am not familiar with this birth control method
- 3 Due to my beliefs (religious or otherwise)
- 4 To avoid negative side effects
- 5 I am not comfortable requesting an implant from my doctor
- 6 I am concerned about the procedure for inserting or removing the implant
- 7 My provider did not discuss implants with me
- 8 I want control over when and whether to use the method
- 9 Other, please specify:

- 10 Prefer not to answer

→ If yes, in what month and year did you last have an Implant 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 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

→ 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?

- 1 Yes
- 2 No
- 3 Prefer not to answer

15 Male condoms

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

16 Other barrier methods (diaphragm, sponge, cervical cap, female condom)

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

17 Natural family planning methods (also called calendar/rhythm method, cycle beads, basal body temperature).

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

18 Emergency contraception (morning after pill, also known as "Plan B" or Ella®)

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

19 Partner's vasectomy (also known as male sterilization)

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

20 Any other method not mentioned previously

- 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
- 2 No → Skip to Question 24 on Page 8
- 3 Prefer not to answer → 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.*

- 1 COVID-19 made it difficult.
- 2 I couldn't afford it.
- 3 I didn't have health insurance.
- 4 My health insurance doesn't cover the method I want.
- 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 too long to see someone.
- 7 I didn't have transportation or a ride to the clinic/pharmacy
- 8 I was treated unfairly.
- 9 Other, please specify:
- 10 Prefer not to answer

How were you treated unfairly? I was treated unfairly... *Please check all that apply.*

- 1 Because of my race/ethnicity
- 2 Because English is not my first language
- 3 Because of my sexual orientation
- 4 Because of my sexual activity or lifestyle
- 5 Because of my gender presentation
- 6 Other, please specify:
- 7 Prefer not to answer

SECTION D. SOURCES OF MEDICAL CARE INFORMATION

24 Do you know how YOU can get any of the following birth control methods for free (by FREE we mean you don't have to pay anything out-of-pocket)?

	Yes	No	Prefer not to answer
a. Male condoms	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Implant (Implanon® or Nexplanon®)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Depo-Provera® (also called "the shot")	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Birth control pills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. NuvaRing® (vaginal birth control ring)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Other method, please specify: <input style="width: 200px; height: 20px;" type="text"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

25 True or False. You can start any method of birth control that you want during one office visit to a clinic.

- 1 True
- 2 False
- 3 It depends on the type of birth control method
- 4 Don't Know
- 5 Prefer not to answer

26a On the following list of health experiences, how many of these have you personally experienced? You don't need to say which ones, just how many.

- Ever used or taken medication for which a prescription is needed
- Ever had a pap smear
- Had an abortion (ended a pregnancy on purpose) in the past 5 years
- Diagnosed with breast cancer in the past 10 years

- Enter number between 0-4
- 1 Don't Know
 - 2 Prefer not to answer

26b On this next list of health experiences, how many of these have you personally experienced? You don't need to say which ones, just how many.

- Ever used a birth control method (such as: pills, an IUD or implant, condoms, or the shot)
- Had a tubal or ectopic pregnancy in the past year
- Ever had your blood pressure measured

- Enter number between 0-3
- 1 Don't Know
 - 2 Prefer not to answer

SECTION E. DEMOGRAPHICS

Now we would like to ask you a few questions about your background.

27 What is the highest degree or level of school you have completed?

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 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
- 3 Prefer not to answer

30 Which one or more of the following would you say is your race?

- 1 Black or African American
- 2 White
- 3 Asian or Asian American
- 4 Native American, Alaska Native, or American Indian
- 5 Native Hawaiian or Pacific Islander
- 6 Other, please describe:

7 Prefer not to answer

31 What is your current marital status?

- 1 Now married
- 2 Widowed
- 3 Divorced
- 4 Separated
- 5 Never married
- 6 Prefer not to answer

32 Do you currently live with a romantic partner?

- 1 Yes
- 2 No
- 3 Prefer not to answer

33 Which of the following best represents how you think about yourself?

- 1 Lesbian or Gay
- 2 Straight, that is, not lesbian or gay
- 3 Bisexual
- 4 Something else
- 5 Don't Know
- 6 Prefer not to answer

34 At any time IN THE LAST 3 MONTHS, have you attended school or college? *Include only schooling which leads to a high school diploma, or a college, graduate, or professional degree.*

- 1 Yes
- 2 No
- 3 Prefer not to answer

35 Are you currently...? *Please check all that apply*

- 1 Employed for wages
- 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
- 9 Prefer not to answer

36 In the PAST 12 MONTHS, did you leave a job or school because...? *Please check all that apply*

- 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

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 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.*

\$

- 1 Don't Know
- 2 Prefer not to answer

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
- 4 \$20,000 to less than \$25,000
- 5 \$25,000 to less than \$30,000
- 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
- 13 \$150,000 or more
- 14 Don't Know
- 15 Prefer not to answer

38 Now, please consider just yourself. During the past 12 MONTHS, did YOU receive any income from wages, salary, commissions, bonuses, or tips?

- 1 Yes
- 2 No → Skip to Question 41 on Page 10
- 3 Prefer not to answer → Skip to Question 40 on Page 10

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

40 During the PAST 12 MONTHS, how many hours did you usually work each WEEK?

Hours per week

- 1 Don't Know
- 2 Prefer not to answer

41 In the next set of questions, we'd like to ask about your current living situation. Is the house, apartment, or mobile home that you're living in...

- 1 Owned by you or someone in this household with a mortgage or loan. *Include home equity loans.*
- 2 Owned by you or someone in this household free and clear (without a mortgage or loan)
- 3 Rented
- 4 Occupied without payment of rent
- 5 Don't Know
- 6 Prefer not to answer

42 Including you, how many people live or stay at this address?

Number of people

- 1 Don't Know
- 2 Prefer not to answer

43 How many children less than 18 years of age live in your household?

Number of children

- 1 Don't Know
- 2 Prefer not to answer

44 Did you live in this house or apartment 1 year ago?

- 1 Yes → *Skip to Question 46*
- 2 No, I lived in a different house or apartment in Maryland
- 3 No, I lived in a different house or apartment in another state
- 4 No, I lived in a different house or apartment outside of the United States
- 5 Prefer not to answer

45 Have you been living or staying at your current address for more than 2 months?

- 1 Yes
- 2 No
- 3 Prefer not to answer

SECTION F. REPRODUCTIVE HEALTH

In the next section, we'd like to learn more about your reproductive health.

46 Are you currently covered by any of the following types of health insurance?

	Yes	No	Don't Know	Prefer not to answer
a. Insurance through current or former employer or union (by you or another family member). This would include COBRA coverage	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Insurance purchased directly from an insurance company (by you or another family member). This would include coverage purchased through an exchange or marketplace, such as marylandhealthconnection.gov	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Medicare, for people 65 and older or people with certain disabilities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP) or any kind of state or government-sponsored assistance plan based on income or a disability. You may know this type of coverage as Maryland Medical Assistance Program, Maryland Health Choice, or Maryland Children's Health Program.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. TRICARE or other military health care, including VA health care.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Indian Health Service	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Any other type of health insurance or health coverage plan. Specify: <input style="width: 500px; height: 20px;" type="text"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. I do not currently have health insurance or a health coverage plan.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

47 Did you have health insurance during all of the past 12 months?

- 1 Yes → Skip to Question 49
- 2 No
- 3 Prefer not to answer

48 For how many of the past 12 months were you WITHOUT health insurance?

- 1 Less than 1 month
- 2 1 to 3 months
- 3 4 to 6 months
- 4 7 to 12 months
- 5 Prefer not to answer

49 Do you have at least one person or place you think of as your personal doctor or health care provider?

- 1 Yes
- 2 No
- 3 Prefer not to answer

50 About how long has it been since you last visited a doctor or other healthcare provider for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 5 Never
- 6 Don't Know
- 7 Prefer not to answer

51 In the past 12 months, have you gone to a doctor or other healthcare provider for:

	Yes	No	Don't Know	Prefer not to answer
a. A method of birth control or a prescription for a birth control method	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. A check-up or medical test related to using birth control method	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Counseling or information about birth control	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. A doctor, nurse, or other health care provider asked you if you want to become pregnant in the next year	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. A pregnancy test	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. A general GYN check-up (annual women's visit)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

If you have not gone to a doctor or other healthcare provider in the past 12 months for any of the reasons listed in Question 51, please skip to Question 53 on Page 12. Otherwise, continue to Question 52.

52 Please rate the healthcare provider you saw most recently for birth control with respect to the following qualities.

	Poor	Fair	Good	Very Good	Excellent	Don't Know	Prefer not to answer
a. Respecting me as a person	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
b. Letting me say what mattered to me about my birth control method	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
c. Taking my preferences about my birth control seriously	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
d. Giving me enough information to make the best decision about my birth control method	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
e. Keeping information about me and my care private	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
f. Having translation available when I want/need it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

How important are each of the following characteristics to you in deciding which birth control method to use?

	Extremely	Somewhat	Not at all	Don't Know	Prefer not to answer
a. I can stop using the birth control method at any time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. I can get pregnant immediately after I stop using it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. The method is affordable	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. The method is easy to use	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. I don't have to remember to use the method each time I have sex	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. I use the method only when I am going to have sex	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. The method is easy for me to get	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. I can get it without seeing a doctor or going to a clinic	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. The method has few or no side effects	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. The method doesn't detract from my sexual enjoyment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. The method does not detract from my partner's sexual enjoyment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. The method has a health benefit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. The method protects against sexually transmitted infections	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
n. The method does not change my menstrual periods	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
o. The method is very effective at preventing pregnancy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
p. I am responsible for using the method and not my sexual partner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
q. I have control over when and whether to use the method	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
r. No one can tell that I am using the method	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

54

Have you had a female sterilizing operation such as tubal sterilization (also called getting "getting your tubes tied" or having a "tubal ligation"), "Essure" (a sterilization method where women have a small coil inserted inside her fallopian tubes) or another operation (such as a hysterectomy) that makes you currently unable to get pregnant?

- 1 Yes, "tubal ligation," "tubes tied," or "Essure"
 2 Yes, hysterectomy or another operation, so unable to get pregnant → Skip to Question 86 on Page 18
 3 No → Skip to Question 57
 4 Prefer not to answer → Skip to Question 57

55

In what month and year did you have the tubal sterilization or "Essure" operation? If you cannot remember exactly, please give your best estimate.

Month: Year:

- 1 Don't Know
 2 Prefer not to answer

56

As things look to you now, if your tubal sterilization could be reversed safely, would you want to have it reversed? Would you say....

- 1 Definitely yes
 2 Probably yes
 3 Probably no
 4 Definitely no
 5 I already had the operation reversed
 6 Don't Know
 7 Prefer not to answer

If you have had a tubal ligation, "Essure" or had your tubes tied, please go to Question 76 on page 15.

57

Are you currently pregnant?

- 1 Yes → Skip to Question 86 on Page 18
 2 No
 3 Prefer not to answer

58

Are you currently trying to get pregnant?

- 1 Yes → Skip to Question 83 on Page 16
 2 No
 3 Prefer not to answer

SECTION G. CURRENT BIRTH CONTROL USE

59 Are you currently using any method or methods of birth control?

- 1 Yes → Skip to Question 61
 2 No
 3 Prefer not to answer → Skip to Question 61

60 What are your reasons for not using any method of birth control? Please check all that apply.

- 1 I'm not currently having penile-vaginal sex or sex that could lead to pregnancy
 2 I just don't think about it
 3 I don't mind if I get pregnant
 4 I want to get pregnant
 5 I don't want to use a birth control method
 6 My partner doesn't want to use a birth control method
 7 We just use "pulling out"
 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:

 24 Prefer not to answer

If you are not 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 currently using? Please check all that apply.

61 Withdrawal (also called "the pull-out method")

- 1 Yes
 2 No
 3 Prefer not to answer

→ If yes, did you use this method the last time you had sex with a male?

- 1 Yes
 2 No
 3 Don't Know
 4 Prefer not to answer

62 Birth control pills. Please mark YES even if you are taking birth control pills for reasons other than to prevent pregnancy.

- 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

63 Birth control patch (Evra® or other)

- 1 Yes
 2 No
 3 Prefer not to answer

→ If yes, did you use this method the last time you had sex with a male?

- 1 Yes
 2 No
 3 Don't Know
 4 Prefer not to answer

64 Vaginal ring (Nuvaring® or other)

- 1 Yes
 2 No
 3 Prefer not to answer

→ If yes, did you use this method the last time you had sex with a male?

- 1 Yes
 2 No
 3 Don't Know
 4 Prefer not to answer

What kind(s) of birth control method(s) are you **currently using**? Please check all that apply

65 Depo-Provera® (also called “the shot”)

- 1 Yes
- 2 No
- 3 Prefer not to answer

→ **If yes**, did you use this method the last time you had sex with a male?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

66 IUD (Mirena®, Paragard®, Skyla®, Liletta®, or Kyleena®)

- 1 Yes
- 2 No
- 3 Prefer not to answer

→ **If yes**, what IUD are you **currently using**?

- 1 Mirena®
- 2 Paragard®
- 3 Skyla®
- 4 Liletta®
- 5 Kyleena®
- 6 Prefer not to answer

→ **If yes**, 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?

- 1 Yes
- 2 No
- 3 Prefer not to answer

→ **If yes**, thinking about the most recent time that you felt pressure from a medical provider to use an IUD, how much pressure did you feel?

- 1 A little
- 2 Some
- 3 Quite a bit
- 4 A lot
- 5 Prefer not to answer

67 Implant (Implanon® or Nexplanon®)

- 1 Yes
- 2 No
- 3 Prefer not to answer

→ **If yes**, how much pressure did you feel from a medical provider to have the implant 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 implant 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 felt pressure from a medical provider to use an implant, how much pressure did you feel?

- 1 A little
- 2 Some
- 3 Quite a bit
- 4 A lot
- 5 Prefer not to answer

68 Male condoms

- 1 Yes
- 2 No
- 3 Prefer not to answer

→ **If yes**, did you use this method the last time you had sex with a male?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

69 Other barrier methods (diaphragm, sponge, cervical cap, female condom)

- 1 Yes
- 2 No
- 3 Prefer not to answer

→ **If yes**, did you use this method the last time you had sex with a male?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

What kind(s) of birth control method(s) are you **currently using**? Please check all that apply

70 Natural family planning methods (also called calendar/rhythm method, cycle beads, basal body temperature)

- 1 Yes
- 2 No
- 3 Prefer not to answer

→ **If yes**, did you use this method the last time you had sex with a male?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

71 Emergency contraception (morning after pill, also known as "Plan B" or Ella®)

- 1 Yes
- 2 No
- 3 Prefer not to answer

→ **If yes**, did you use this method the last time you had sex with a male?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

72 Partner's vasectomy (also known as male sterilization)

- 1 Yes
- 2 No
- 3 Prefer not to answer

→ **If yes**, did you use this method the last time you had sex with a male?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

73 Other method

- 1 Yes, please specify the other method:

- 2 No
- 3 Prefer not to answer

→ **If yes**, did you use this method the last time you had sex with a male?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Prefer not to answer

74 How confident are you that you have been using your method(s) of birth control correctly for the past 3 months?

- 1 Completely confident
- 2 Somewhat confident
- 3 Neither confident nor not confident
- 4 Somewhat not confident
- 5 Not at all confident
- 6 Prefer not to answer

75 Your use of your birth control method in the past 3 months was:

- 1 Completely under your control
- 2 Somewhat under your control
- 3 Neither under your control nor out of your control
- 4 Somewhat out of your control
- 5 Not at all under your control
- 6 Prefer not to answer

76 If you could use any birth control method you wanted, what method(s) would you use? Please check all that apply.

- 1 I am using the method that I want to use → Skip to Question 78 on Page 16
- 2 Tubal ligation ("tubes tied") or another operation that makes you unable to get pregnant
- 3 Partner's vasectomy (also known as male sterilization)
- 4 Withdrawal ("pulling out")
- 5 Birth control pills ("the pill")
- 6 Male condoms
- 7 Birth control patch (on the skin)
- 8 Vaginal ring (NuvaRing® or other)
- 9 The shot (Depo-Provera®)
- 10 Female condom
- 11 Implant (in the arm; Implanon® or Nexplanon®)
- 12 IUD (intrauterine device; e.g., Mirena; Liletta, Skyla, ParaGard, Kyleena)
- 13 Fertility awareness-based methods (e.g., calendar/rhythm method, CycleBeads®, basal body temperature, natural family planning methods)
- 14 Emergency contraception (also known as the morning-after pill, Plan B® or Ella®)
- 15 Other method:
- 16 I would prefer not to use any method → Skip to Question 78
- 17 Don't Know
- 18 Prefer not to answer

77 What is the main reason you are not currently using the birth control method you want to use?

- 1 I can't afford it
- 2 I don't have health insurance
- 3 My health insurance doesn't cover it
- 4 The insurance co-pays/deductibles are too high
- 5 It's too hard to get to (no transportation or child care, can't take time off work)
- 6 I don't know where I can get the birth control method I want
- 7 The method that I want is not available at my doctor's office, clinic or pharmacy
- 8 I don't want my partner or family to find out that I want to use a birth control method
- 9 I don't trust giving out my personal information to medical staff
- 10 My health care provider suggested I use something else
- 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
- 14 I'm worried about people in my community knowing that I'm using birth control
- 15 I'm not sure
- 16 I or my partner are surgically sterile (had a tubal sterilization, vasectomy, or other operation)
- 17 Other (specify):
- 18 Prefer not to answer

78 Thinking about the past 3 months, about how often did you have sex with a male? *By sex, we mean a penis was inserted in your vagina.*

- 1 About once a week or more
- 2 A few times a month
- 3 About once a month
- 4 Less than once a month
- 5 I did not have sex with a male in the past 3 months → *Skip to Question 80*
- 6 Prefer not to answer

79 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?

- 1 Every time you had sex
- 2 More than half the time
- 3 About half the time
- 4 Less than half the time
- 5 Never
- 6 Don't Know
- 7 Prefer not to answer

80 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 on your satisfaction with the method you use most often.*

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied
- 6 Prefer not to answer

81 How important is it to you to AVOID becoming pregnant now?

- 1 Very important
- 2 Somewhat important
- 3 Neither important nor unimportant
- 4 Somewhat unimportant
- 5 Not at all important
- 6 Prefer not to answer

If you have had a tubal ligation, "Essure" or had your tubes tied, please go to Question 86 on page 18.

82 Would you say switching your current birth control 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.*

- 1 Very likely
- 2 Somewhat likely
- 3 Neither likely nor unlikely
- 4 Somewhat unlikely
- 5 Very unlikely
- 6 Prefer not to answer

83 How do you feel about having a child now or sometime in the future?

- 1 I don't want to have one
- 2 I do want to have one, less than 12 months from now
- 3 I do want to have one, between 12 months and less than 2 years from now
- 4 I do want to have one, between 2 years to less than 5 years from now
- 5 I do want to have one, five or more years from now
- 6 I do want to have one, but I'm not sure when
- 7 Don't Know
- 8 Prefer not to answer

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

84

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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. It would be a good thing for me if I became pregnant in the next 3 months.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. Thinking about becoming pregnant in the next 3 months makes me feel unhappy.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
d. Thinking about becoming pregnant in the next 3 months makes me feel excited.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
e. Becoming pregnant in the next 3 months would bring me closer to my main partner. <i>(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.)</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

85

The following statements relate to your thoughts and feelings about the idea of having a BABY in the next year. Even if you do not think you can have a baby for partner or physical reasons, please imagine how you would feel about having a baby.

	Stongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Prefer not to answer
a. I want to have a baby within the next year.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. If I had a baby in the next year, it would be bad for my life.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. It would be a positive addition to my life to have a baby in the next year.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
d. It would be the end of the world for me to have a baby in the next year.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
e. Thinking about having a baby within the next year makes me smile.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
f. Thinking about having a baby within the next year makes me feel stressed out.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
g. I would feel a loss of freedom if I had a baby in the next year.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
h. If I had a baby in the next year, it would be hard for me to manage raising the child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
i. 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

86 Have you given birth in the past 12 months?

- 1 Yes
- 2 No → Skip to Question 89
- 3 Prefer not to answer → Skip to Question 89

87 Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant?

- 1 I wanted to be pregnant later
- 2 I wanted to be pregnant sooner
- 3 I wanted to be pregnant then
- 4 I didn't want to be pregnant then or at any time in the future
- 5 I wasn't sure what I wanted
- 6 Prefer not to answer

88 How did you feel when you found out you were pregnant with your new baby? Were you...

- 1 Very happy to be pregnant
- 2 Happy to be pregnant
- 3 Neither happy nor unhappy
- 4 Unhappy to be pregnant
- 5 Very unhappy to be pregnant
- 6 Prefer not to answer

89 In your lifetime, how many babies did you have that were born alive?

Number of babies

- 1 Prefer not to answer

90 Some people are unable to get pregnant, even if they want to. How likely do you think it is that you are infertile or would have difficulty getting pregnant?

- 1 Not at all likely to be infertile
- 2 Somewhat likely
- 3 Likely
- 4 Very likely to be infertile
- 5 Don't know
- 6 Prefer not to answer

91 Have you ever been diagnosed as infertile?

- 1 Yes
- 2 No
- 3 Prefer not to answer

SECTION I. PUBLIC POLICY

We have a few final questions related to abortion. Please consider your own thoughts, opinions, and experiences when responding.

92 A woman should not fear being arrested or going to jail for having an abortion (terminating a pregnancy).

- 1 Strongly Agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 6 Prefer not to answer

93 Which comes closest to your own view on abortion?

- 1 Having an abortion is acceptable
- 2 I am against abortion for myself, but I don't believe government should prevent a woman from making the decision for herself.
- 3 Having an abortion is wrong.
- 4 Prefer not to answer

94 Do you identify as...?

- 1 Pro-Choice
- 2 Pro-Life
- 3 Neither
- 4 Both
- 5 Prefer not to answer

95 Do you think abortion should be:

- 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? *Please check only one.*

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 desea obtener más información sobre el estudio, por favor llame al 1-877-396-4064 o envíe un correo electrónico a 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 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.

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 prefiriere? *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?

No

SI

?Hay alguna(s) mujer(es) entre 18 y 44 años en su hogar a quien(es) podríamos contactar para participar en este estudio?

Otros participantes interesados

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.

Gracias

SECCIÓN I. POLÍTICA PÚBLICA

90 Algunas personas no pueden quedar embarazadas, aunque así lo deseen. ¿Qué tan probable es que usted sea infértil o tenga dificultades para quedar embarazada?

- 1 No es probable que sea infértil
- 2 Probable
- 3 Algo probable
- 4 Muy probable que sea infértil
- 5 No sé
- 6 Prefiero no contestar

91 ¿Alguna vez ha sido diagnosticada como infértil (o estéril)?

- 1 Sí
- 2 No
- 3 Prefiero no contestar

87 Pense en el tiempo justo antes de que quedo embarazada de su nuevo bebé, ¿cómo se sentió al quedar embarazada?

- 1 Yo hubiera querido quedar embarazada más tarde (o después)
- 2 Yo hubiera querido quedar embarazada más pronto
- 3 Yo hubiera querido quedar embarazada en ese momento
- 4 Yo no hubiera querido quedar embarazada ni en ese momento ni nunca
- 5 Yo no estaba segura de lo que
- 6 Prefiero no contestar

88 ¿Cómo se sintió cuando supo que estaba embarazada de su nuevo bebé? ¿Estaba usted...

- 1 Muy feliz de estar embarazada
- 2 Feliz de estar embarazada
- 3 Ni feliz ni descontenta
- 4 Descontenta de estar embarazada
- 5 Muy descontenta de estar embarazada
- 6 Prefiero no contestar

89 En toda su vida, ¿cuántos bebés tuvo que nacieron vivos?

Tenemos algunas preguntas finales relacionadas con el aborto. Por favor considere sus propios pensamientos, opiniones y experiencias al responder.

92 Ninguna mujer debe temer ser detenida o ir a la cárcel por haber obtenido un aborto intencional/inducido.

- 1 Totalmente de acuerdo
- 2 De acuerdo
- 3 Ni de acuerdo ni en desacuerdo
- 4 En desacuerdo
- 5 Totalmente en desacuerdo
- 6 Prefiero no contestar

93 ¿Cuál de las siguientes se acerca más a su punto de vista sobre el aborto intencional (aborto inducido)?

- 1 Tener un aborto intencional (aborto inducido) es aceptable
- 2 Estoy en contra de tener un aborto intencional (aborto inducido) yo misma, pero no creo que el gobierno deba impedir que una mujer tome esa decisión por sí misma
- 3 Tener un aborto intencional (aborto inducido) está mal
- 4 Prefiero no contestar

95 Piensa Ud. que el aborto debe ser:

- 1 Legal en todos los casos
- 2 Legal en la mayoría de los casos
- 3 Illegal en la mayoría de los casos
- 4 Illegal en todos los casos
- 5 No sé
- 6 Prefiero no contestar

94 ¿Se identifica usted como...?

- 1 Pro-elección (Pro-Choice)
- 2 Pro-Vida
- 3 Ninguno de los dos
- 4 Ambos
- 5 Prefiero no contestar

SECCIÓN H. EMBARAZOS 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, escoja la respuesta que más corresponda a lo que piensa y siente en este momento de su vida.

Las siguientes afirmaciones se relacionan con los pensamientos y sentimientos sobre la idea de quedar EMBARAZADA en los próximos 3 meses. Incluso si no cree que pueda quedar embarazada por razones físicas o de pareja, por favor imagine cómo se sentiría con respecto a quedar embarazada.

a.	No me desagradaría quedar embarazada en los próximos 3 meses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Para mí, sería algo bueno quedar embarazada en los próximos 3 meses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir infeliz.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Al pensar en la posibilidad de quedar embarazada en los próximos 3 meses me hace sentir emocionada.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	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, por favor piense en la última persona con quien tuvo relaciones sexuales.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Las siguientes afirmaciones se relacionan con los pensamientos y sentimientos sobre la idea de tener un BEBÉ en el próximo año. Incluso si no cree que pueda tener un bebé por razones de pareja o físicas, por favor imagine cómo se sentiría con respecto a tener un bebé.

a.	Quiero tener un bebé en el próximo año.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Tener un bebé en el próximo año sería algo muy malo para mi vida.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Tener un bebé en el próximo año sería un cambio positivo para mi vida.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Sería el fin del mundo para mí tener un bebé el próximo año.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Al pensar en tener un bebé el próximo año me hace sonreír.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Al pensar en tener un bebé el próximo año me hace sentir estresada.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Perdería algo de mi libertad si tuviera un bebé el próximo año.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Si tuviera un bebé en el próximo año, sería difícil arreglármelas para criarlo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Me preocuparía que tener un bebé en el próximo año podría ser más difícil para lograr otras cosas en la vida.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¿Ha tenido un parto (o dado a luz) en los últimos 12 meses?

1 Sí

2 No → Vaya a la pregunta 89 en la página 18

3 Prefero no contestar → Vaya a la pregunta 89 en la página 18

77 ¿Cuál es la razón principal por la que usted actualmente no está usando el método anticonceptivo que desea usar?

- 1 No puedo pagarlo
- 2 No tengo seguro de salud
- 3 Mi seguro de salud no lo cubre
- 4 Los copagos / deducibles del seguro son demasiado altos
- 5 Es muy difícil llegar (sin transporte o cuidado de niños, no puedo tomarme tiempo libre del trabajo)
- 6 No sé dónde puedo obtener el método anticonceptivo que quiero.
- 7 El método que deseo no está disponible en el consultorio de mi médico, clínica o farmacia.
- 8 No quiero que mi pareja o familia descubran que quiero usar un método anticonceptivo
- 9 No confío en dar mi información personal al personal médico
- 10 Mi proveedor de cuidado de salud me sugirió que usara otra cosa
- 11 Tengo una cita programada, pero aún no he ido
- 12 Estoy tratando de quedar embarazada
- 13 Mi pareja no quiere usar este método anticonceptivo
- 14 Me preocupa que las personas de mi comunidad sepan que estoy usando anticonceptivos
- 15 No estoy segura
- 16 Yo o mi pareja somos quirúrgicamente estériles (nos hemos sometido a una esterilización tubárica, vasectomía u otra operación)
- 17 Otro (especifique):

- 18 Prefiero no contestar

78 Pensando en los últimos 3 meses, ¿con qué frecuencia tuvo usted relaciones sexuales con un hombre? Por sexo, nos referimos a un pene insertado en la vagina.

- 1 Aproximadamente una vez por semana o más
- 2 Unas pocas veces al mes
- 3 Aproximadamente una vez al mes
- 4 Menos de una vez al mes
- 5 No tuve relaciones sexuales entre el pene y la vagina o relaciones sexuales que pueden llevar al embarazo en los últimos 3 meses

← Vaya a la pregunta 80

- 6 Prefiero no contestar

79 Pensando en los últimos 3 meses, ¿con qué frecuencia uso Ud. un método anticonceptivo cuando tuvo sexo pene-vaginal o relaciones sexuales que pueden conducir al embarazo?

- 1 Cada vez que tuvo relaciones sexuales
- 2 Más de la mitad de las veces
- 3 Más o menos la mitad de las veces
- 4 Menos de la mitad de las veces
- 5 Nunca
- 6 No sé
- 7 Prefiero no contestar

80 ¿Qué tan satisfecha está usted con su (o sus) método(s) anticonceptivo(s)? Si no usó ningún método, díganos cuán satisfecho está con el hecho de no usar ningún método. Si utiliza más de un método por favor describa que tan satisfecha está con el método que usa más frecuentemente.

- 1 Muy satisfecha
- 2 Algo satisfecha
- 3 Ni satisfecho ni insatisfecho
- 4 Un poco insatisfecho
- 5 Muy insatisfecho
- 6 Prefiero no contestar

81 ¿Qué tan importante es para usted EVITAR quedar embarazada ahora?

- 1 Muy importante
- 2 Algo importante
- 3 Irrelevante
- 4 Algo sin importancia
- 5 No es importante en absoluto
- 6 Prefiero no contestar

Si se ha sometido a ligadura de trompas o Essure, vaya a la pregunta 86 en la página 17.

82 ¿Diría que cambiar su actual método anticonceptivo y usar otro método anticonceptivo en los próximos 3 meses es...? Si actualmente no está usando un método, díganos que tan probable es que comience a usar un método en los próximos 3 meses.

- 1 Muy probable
- 2 Algo probable
- 3 Ni probable ni improbable
- 4 Algo improbable
- 5 Muy improbable
- 6 Prefiero no contestar

83 ¿Qué optina sobre tener un hijo ahora o en el futuro?

- 1 No quiero tener uno
- 2 Yo quisiera tener un hijo en menos de 12 meses a partir de ahora
- 3 Quiero tener uno en más de un año pero en menos de 2 años
- 4 Quiero tener uno en más de dos años pero en menos de 5 años
- 5 Quiero tener uno en 5 años o más
- 6 Quiero tener uno, pero no sé cuando
- 7 No sé
- 8 Prefiero no contestar

¿Qué tipo(s) de método(s) anticonceptivo está usted utilizando actualmente? Por favor marque todos los que apliquen.

70 Los métodos de planificación familiar natural (también llamado calendario / método del ritmo, temperatura basal del cuerpo).

1 SI
2 No
3 Prefiero no contestar

vez que tuvo relaciones sexuales con un hombre?
SI respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

1 SI
2 No
3 No sé
4 Prefiero no contestar

71 La píldora anticonceptiva de emergencia (la píldora del día después, también conocida como "Plan B" o Ella®)

1 SI
2 No
3 Prefiero no contestar

SI respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

1 SI
2 No
3 No sé
4 Prefiero no contestar

72 Operación masculina (esterilización o vasectomía de la pareja sexual)

1 SI
2 No
3 Prefiero no contestar

SI respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

1 SI
2 No
3 No sé
4 Prefiero no contestar

73 Otro método

1 SI, por favor describa:
2 No
3 Prefiero no contestar

SI respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

1 SI
2 No
3 No sé
4 Prefiero no contestar

74

¿Cuán segura está de que usted y / o su pareja han estado utilizando sus métodos anticonceptivos correctamente durante los últimos 3 meses?

1 Completamente segura
2 Algo segura
3 Ni segura ni dudosa
4 Algo dudosa
5 Completamente dudosa
6 Prefiero no contestar

75

En los últimos 3 meses ¿diría usted que el uso de su método anticonceptivo actual estuvo:

1 Completamente bajo su control
2 Algo bajo su control
3 Ni bajo su control ni fuera de su control
4 Algo fuera de su control
5 Totalmente fuera de su control
6 Prefiero no contestar

76

SI usted pudiera usar cualquier método anticonceptivo que quisiera, ¿qué método(s) usaría? Por favor marque todos los que apliquen.

1 Estoy usando el método que quiero usar → Vaya a la pregunta 78 en la página 16

2 Ligadura de trompas ("tubos atados" u otra operación que le impide quedar embarazada)

3 Vasectomía de pareja (también conocida como esterilización masculina)

4 Retirada ("sacar") Pastillas anticonceptivas

5 Condones masculinos

6 Condones femeninos

7 Parche anticonceptivo (en la piel)

8 Anillo vaginal (NuvaRing® o otro)

9 Inyecciones anticonceptivas (Depo-Provera®, también llamado "inyección")

10 Condones femeninos

11 Implante (Implanon® o Nexplanon®)

12 DIU (Mirena®, Paragard®, Skyla®, Liletta®, o Kyleena®)

13 Métodos basados en la conciencia de fertilidad (por ejemplo, método de calendario / ritmo, CycleBeads®, temperatura corporal basal, métodos naturales de planificación familiar)

14 Anticoncepción de emergencia (también conocida como la píldora del día después, Plan B® o ella®)

15 Otro método:

16 Yo preferiría no utilizar ningún método → Vaya a la pregunta 78 en la página 16

17 No sé

18 Prefiero no contestar

66 DIU (Mirena®, Paragard®, Skyla®, Liletta®, Kyleena®)

1 SI
2 No
3 Prefiero no contestar

Si respondió que sí, ¿qué DIU usa actualmente?
1 Mirena®
2 Paragard®
3 Skyla®
4 Liletta®
5 Kyleena®
6 Prefiero no contestar

Si respondió que sí, ¿Cuánta presión sintió por parte de un proveedor médico para que le insertaran el DIU?
1 Ninguna
2 Poco
3 Algo
4 Bastante
5 Mucha
6 Prefiero no contestar

Si respondió que no, ¿Alguna vez ha sentido la presión de un proveedor médico para usar un DIU cuando hubiera preferido usar otro método o ningún método en absoluto?
1 SI
2 No
3 Prefiero no contestar

Si respondió que sí, Pensando en la última vez que sintió la presión de un proveedor médico para usar un DIU, ¿cuánta presión sintió?
1 Poco
2 Algo
3 Bastante
4 Mucha
5 Prefiero no contestar

67 Implante (Implanon® o Nexplanon®)

1 SI
2 No
3 Prefiero no contestar

Si respondió que sí, ¿Cuánta presión sintió de un proveedor médico para que le insertaran el implante?
1 Ninguna
2 Poca
3 Algo
4 Bastante
5 Mucha
6 Prefiero no contestar

Si respondió que no, ¿Alguna vez ha sentido la presión de un proveedor médico para usar un implante cuando hubiera preferido usar otro método o ningún método en absoluto?
1 SI
2 No
3 Prefiero no contestar

Si respondió que sí, Pensando en la última vez que sintió la presión de un proveedor médico para usar un implante ¿cuánta presión sintió?
1 Poco
2 Algo
3 Bastante
4 Mucha
5 Prefiero no contestar

68 Condones masculinos o preservativos

1 SI
2 No
3 Prefiero no contestar

Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?
1 SI
2 No
3 No sé
4 Prefiero no contestar

69 Métodos de barrera (Diafragma, esponja anticonceptiva, capuchón cervical, condón femenino)

1 SI
2 No
3 Prefiero no contestar

Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?
1 SI
2 No
3 No sé
4 Prefiero no contestar

62 Píldoras (o pastillas) anticonceptivas. Por favor marque *Si incluso si está tomando pastillas anticonceptivas por una razón que no sea evitar un embarazo.*

1 SI
2 No
3 Preferir no contestar

Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

1 SI
2 No
3 No sé
4 Preferir no contestar

63 Parche anticonceptivo (Evrá® u otro)

1 SI
2 No
3 Preferir no contestar

Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

1 SI
2 No
3 No sé
4 Preferir no contestar

64 Anillo vaginal (Nuvaring® u otros)

1 SI
2 No
3 Preferir no contestar

Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

1 SI
2 No
3 No sé
4 Preferir no contestar

65 Inyecciones anticonceptivas (Depo-Provera®, también llamado "la inyección")

1 SI
2 No
3 Preferir no contestar

Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

1 SI
2 No
3 No sé
4 Preferir no contestar

66 ¿Cuáles son las razones por las que no usa ningún método anticonceptivo? Por favor marque todos los que apliquen.

- 1 Actualmente no tengo relaciones sexuales entre el pene y la vagina o relaciones sexuales que puedan llevar al embarazo
- 2 Es que no pienso en ello
- 3 No me preocupa si quedo embarazada
- 4 Quiero quedar embarazada
- 5 No quiero utilizar un método anticonceptivo
- 6 Mi pareja no quiere usar un método anticonceptivo
- 7 Simplemente usamos "sacar"
- 8 Mi pareja es de sexo femenino
- 9 Pare (o dejé) de utilizar métodos anticonceptivos por los efectos secundarios negativos
- 10 Es muy difícil llegar (sin transporte o cuidado de niños, no puede tomarse tiempo libre del trabajo)
- 11 No confiaba en dar mi información personal al personal médico
- 12 No puedo pagar por anticonceptivos
- 13 No creo que puedo quedar embarazada en este momento
- 14 Recientemente pare de usar mi método anticonceptivo y no lo volví a usar
- 15 Me preocupa que las personas de mi comunidad sepan que estoy usando anticonceptivos
- 16 Actualmente estoy amamantando
- 17 Creo que mi pareja es infértil (o estéril) y no me puede embarazar
- 18 Creo que yo podría ser infértil o que podría ser imposible para mi para quedar embarazada
- 19 Razones religiosas
- 20 Acabo de tener un bebé
- 21 No tengo relaciones sexuales muy a menudo
- 22 Disfruto más del sexo cuando no uso un método anticonceptivo
- 23 Otra razón, por favor describa:

24 Preferir no contestar

Si no está usando algún método anticonceptivo actualmente vaya a la Pregunta 76 en la página 15. De otra manera, continúe con la Pregunta 61.

¿Qué tipo(s) de método(s) anticonceptivo está usted utilizando actualmente? Por favor marque todos los que apliquen.

61 Coito interrumpido (también llamado "terminar afuera", cuando el hombre retira su pene de la vagina durante la relación sexual)

1 SI
2 No
3 Preferir no contestar

Si respondió que sí, ¿usó usted este método la última vez que tuvo relaciones sexuales con un hombre?

1 SI
2 No
3 No sé
4 Preferir no contestar

52

Por favor califique al proveedor de atención médica que usted vio más recientemente para el control de la natalidad con respecto a las siguientes cualidades.

a. Me respetó como persona	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. Me permitió hablar sobre lo que me importaba de mi método anticonceptivo	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c. Tomó con seriedad mis preferencias de método anticonceptivo	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
d. Me dio suficiente información para tomar la mejor decisión sobre mi método anticonceptivo	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
e. Mantener la información sobre mí y mi cuidado privado	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
f. Tener traducción disponible cuando la quiero / la necesito	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

1 Insatisfactorio
2 Regular,
3 Bueno
4 Bueno
5 Excelente
6 No sé
7 Prefero no contestar

Si ha no recibido alguno de los servicios en pregunta 51 de un doctor u otra persona que presta atención médica en los últimos 12 meses, vaya a la pregunta 53 en la página 12. De lo contrario, continúe con la pregunta 52.

Por favor califique al proveedor de atención médica que usted vio más recientemente para el control de la natalidad con respecto a las siguientes cualidades.

a. Le han dado o recetado algún método anticonceptivo	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Le han hecho un chequeo o examen médico relacionado con el uso de un método anticonceptivo	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Ha recibido consejería o información acerca de métodos anticonceptivos	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Le ha preguntado un doctor, enfermera u otra persona que presta atención médica si quiere quedar embarazada durante el próximo año	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Una prueba de embarazo	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Un chequeo general de GYN (visita anual de mujeres)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

1 SI
2 No
3 No sé
4 Prefero no contestar

En los últimos 12 meses, ¿ha recibido alguno de los siguientes servicios de un doctor u otra persona que presta atención médica?

<input type="checkbox"/> 1 En el último año (hace menos de 12 meses)	<input type="checkbox"/> 7
<input type="checkbox"/> 2 En los últimos 2 años (hace más de 1 año, pero menos de 2)	<input type="checkbox"/> 6
<input type="checkbox"/> 3 En los últimos 5 años (hace más de 2 años, pero menos de 5)	<input type="checkbox"/> 5
<input type="checkbox"/> 4 Hace 5 años o más	<input type="checkbox"/> 4
<input type="checkbox"/> 5 Nunca	<input type="checkbox"/> 3
<input type="checkbox"/> 6 No sé	<input type="checkbox"/> 2
<input type="checkbox"/> 7 Prefero no contestar	<input type="checkbox"/> 1

¿Hace cuánto que fue usted al médico para hacerse un chequeo general, de rutina? Un chequeo de rutina es un examen físico general, que no se realiza como consecuencia de una lesión, enfermedad o afección específica.

49

¿Tiene usted una o más personas o lugares que usted considere su médico o proveedor de atención médica?

<input type="checkbox"/> 1 SI	<input type="checkbox"/> 3
<input type="checkbox"/> 2 No	<input type="checkbox"/> 2
<input type="checkbox"/> 3 Prefero no contestar	<input type="checkbox"/> 1

48

¿Por cuántos de los últimos 12 meses estuvo usted SIN seguro de salud?

<input type="checkbox"/> 1 Menos de 1 mes	<input type="checkbox"/> 5
<input type="checkbox"/> 2 1 a 3 meses	<input type="checkbox"/> 4
<input type="checkbox"/> 3 4 a 6 meses	<input type="checkbox"/> 3
<input type="checkbox"/> 4 7 a 12 meses	<input type="checkbox"/> 2
<input type="checkbox"/> 5 Prefero no contestar	<input type="checkbox"/> 1

47

¿Tuvo usted seguro de salud durante los últimos 12 meses?

<input type="checkbox"/> 1 SI	<input type="checkbox"/> 3
<input type="checkbox"/> 2 No	<input type="checkbox"/> 2
<input type="checkbox"/> 3 Prefero no contestar	<input type="checkbox"/> 1

← Vaya a la pregunta 49

4	3	2	1	h. Actualmente no tengo ningún seguro de salud o plan de cobertura de salud
4	3	2	1	g. Cualquier Otro tipo de seguro de salud o plan de cobertura de salud. <i>Especifique:</i>
4	3	2	1	f. Servicio de salud indígena
4	3	2	1	e. TRICARE u otro cuidado de la salud militar, incluyendo el cuidado de la salud del VA Maryland Health Choice, o el Programa de Salud Infantil de Maryland. Maryland Health Choice, o el Programa de Salud Infantil de Maryland. conocer a este tipo de cobertura como Programa de Asistencia Médica de Maryland, patrocinada por el estado o gobierno basado en ingresos o discapacidades. Usted puede médico para niños (CHIP, por sus cifras en inglés) o cualquier tipo de plan o asistencia
4	3	2	1	d. Medicaid, Asistencia Médica (MA, por sus cifras en inglés), Programa de seguro
4	3	2	1	c. Medicare, para las personas mayores de 65 años o personas con alguna discapacidad tales como marylandhealthconnection.gov.
4	3	2	1	b. Seguro comprado directamente de una compañía de seguros (por usted u otro miembro de la familia). Esto incluirá cobertura adquirida a través de un intercambio o mercado,
4	3	2	1	a. Seguro por medio del empleador o sindicato actual o anterior (por usted u otro miembro de la familia). Esto incluirá la cobertura de COBRA.

1 Si
2 No
3 No sé
4 Prefiero no contestar

46 ¿Está actualmente cubierta por cualquiera de los siguientes tipos de seguro médico?

En la siguiente sección, nos gustaría saber más sobre su salud reproductiva.

SECCIÓN F. SALUD REPRODUCTIVA

47 Ahora, por favor tomando en cuenta solamente a usted misma. Durante los últimos 12 MESES, ¿recibió algún ingreso de sueldos, salarios, comisiones, bonos o propinas?

1 SI
2 No → Vaya a la pregunta 41
3 Prefiero no contestar → Vaya a la pregunta 40

39 ¿Cuál fue la cantidad total de ingresos que recibió en los últimos 12 meses? Por favor reporte la cantidad que usted gana antes de impuestos. Su mejor estimación está bien.

\$

40 Durante los ÚLTIMOS 12 MESES, ¿cuántas horas trabajó cada SEMANA en general?

1 No sé
2 Horas por semana
3 Prefiero no contestar

41 Para el siguiente grupo de preguntas, me gustaría preguntarle sobre su situación de vivienda actual. La casa, departamento, o casa móvil en la que vive es...

1 ¿Propiedad suya o de alguien en este hogar con una hipoteca o préstamo? Incluya préstamos con garantía hipotecaria.
2 ¿Propiedad suya o de alguien en este hogar libre de todo gravamen (sin una hipoteca o préstamo)?
3 ¿Rentada?
4 ¿Ocupada sin pago de renta?
5 No sé
6 Prefiero no contestar

42 Incluirándose a Ud., ¿cuántas personas viven o se quedan en esta dirección?

Número de personas
1 No sé
2 Prefiero no contestar

43 ¿Cuántos niños menores de 18 años de edad viven en su hogar?

Número de niños
1 No sé
2 Prefiero no contestar

44 ¿Vivía en esta casa o apartamento hace 1 año?

1 SI ← Vaya a la pregunta 46
2 No
3 Prefiero no contestar

45 ¿Ha estado viviendo o quedándose en su dirección actual por más de 2 meses?

1 SI
2 No
3 Prefiero no contestar

28 ? En donde nació?

- 1 En los Estados Unidos (incluyendo sus territorios: Puerto Rico, Guam, etc.)
- 2 Fuera de los Estados Unidos
- 3 Prefiero no contestar

29 ? Es usted de origen hispano, latino, o español?

- 1 Empleada asalariada
- 2 Trabajadora independiente (autoempleada)
- 3 Estudiante
- 4 Ha estado desempleada por 1 año o más
- 5 Ha estado desempleada por menos de 1 año
- 6 La persona que se ocupa de las tareas de la casa
- 7 Jubilada
- 8 No puede trabajar
- 9 Prefiero no contestar

30 ?Cuál de las siguientes opciones describe mejor su raza?

- 1 Negra o Afro-Americana
 - 2 Blanca
 - 3 Asiática o Asiática Americana
 - 4 India Americana o nativa de Alaska
 - 5 Nativa de Hawai o de las Islas del Pacífico
 - 6 Otro, por favor especifique:
-
- 7 Prefiero no contestar

31 ?Cuál es su estado civil actual?

- 1 Casada
- 2 Viuda
- 3 Divorciada
- 4 Separada
- 5 Nunca he estado casado
- 6 Prefiero no contestar

32 ?Actualmente vive Ud. con un cónyuge o pareja romántica?

- 1 SI
- 2 No
- 3 Prefiero no contestar

33 ?Cuál de las siguientes opciones describe mejor su definición de si misma?

- 1 Lesbiana o Gay
- 2 Heterosexual, es decir, no gay o lesbiana
- 3 Bisexual
- 4 Otra cosa
- 5 No sé
- 6 Prefiero no contestar

34 En cualquier momento DURANTE LOS ÚLTIMOS 3 MESES, ¿ha estudiado usted en una escuela o universidad? Incluye sólo instituciones que conducen a un diploma de escuela secundaria o un título universitario, o a un título profesional mas alto que una licenciatura universitaria.

- 1 SI
- 2 No
- 3 Prefiero no contestar

28 ? En donde nació?

- 1 En los Estados Unidos (incluyendo sus territorios: Puerto Rico, Guam, etc.)
- 2 Fuera de los Estados Unidos
- 3 Prefiero no contestar

29 ? Es usted de origen hispano, latino, o español?

- 1 Empleada asalariada
- 2 Trabajadora independiente (autoempleada)
- 3 Estudiante
- 4 Ha estado desempleada por 1 año o más
- 5 Ha estado desempleada por menos de 1 año
- 6 La persona que se ocupa de las tareas de la casa
- 7 Jubilada
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 - 2 Blanca
 - 3 Asiática o Asiática Americana
 - 4 India Americana o nativa de Alaska
 - 5 Nativa de Hawai o de las Islas del Pacífico
 - 6 Otro, por favor especifique:
-
- 7 Prefiero no contestar

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- 2 Viuda
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- 1 SI
- 2 No
- 3 Prefiero no contestar

35 ? Es usted actualmente...? Por favor marque todos los que apliquen.

que apliquen.

- 1 Empleada asalariada
- 2 Trabajadora independiente (autoempleada)
- 3 Estudiante
- 4 Ha estado desempleada por 1 año o más
- 5 Ha estado desempleada por menos de 1 año
- 6 La persona que se ocupa de las tareas de la casa
- 7 Jubilada
- 8 No puede trabajar
- 9 Prefiero no contestar

36 En los ÚLTIMOS 12 MESES, ¿dejó usted un trabajo o una escuela porque ...? Por favor marque todos los que apliquen.

- 1 COVID-19 (Coronavirus)
- 2 Quedé embarazada
- 3 Tuve que asumir responsabilidades de crianza u otras responsabilidades de cuidado
- 4 Me fui por alguna otra razón
- 5 No he dejado un trabajo o una escuela en los últimos 12 meses.
- 6 Prefiero no contestar

37 En estudios como este, la gente es agrupada según los ingresos de toda la familia. Pensando en su ingreso familiar de todas las fuentes en el 2020, ¿aproximadamente cuál fue su ingreso colectivo, antes de los impuestos? Su mejor estimación está bien. Si es estudiante, incluya los ingresos del hogar donde vive en este momento, aún cuando se trate de una habitación de residencia estudiantil o un apartamento que sólo alquile durante el año académico.

\$

- 1 No sé
- 2 Prefiero no contestar

¿Y si Usted tuviera algunas categorías? Diría usted que los ingresos anuales su hogar fueron:

- 1 Menos de \$10,000 dólares
- 2 Entre \$10,000 y menos de \$15,000 dólares
- 3 Entre \$15,000 y menos de \$20,000 dólares
- 4 Entre \$20,000 y menos de \$25,000 dólares
- 5 Entre \$25,000 y menos de \$30,000 dólares
- 6 Entre \$30,000 y menos de \$35,000 dólares
- 7 Entre \$35,000 y menos de \$40,000 dólares
- 8 Entre \$40,000 y menos de \$45,000 dólares
- 9 Entre \$50,000 y menos de \$60,000 dólares
- 10 Entre \$60,000 y menos de \$75,000 dólares
- 11 Entre \$75,000 y menos de \$100,000 dólares
- 12 Entre \$100,000 y menos de \$150,000 dólares
- 13 \$150,000 dólares o más
- 14 No sé
- 15 Prefiero no contestar

16 Otros métodos anticonceptivos (diáfragma, esponja, capuchón cervical, condón femenino)

- 1 SI
- 2 No
- 3 No sé
- 4 Prefiero no contestar

17 Los métodos de planificación familiar natural (también llamado calendario / método del ritmo, temperatura basal del cuerpo).

- 1 SI
- 2 No
- 3 No sé
- 4 Prefiero no contestar

18 La píldora anticonceptiva de emergencia (la píldora Ella®) del día siguiente, también conocida como "Plan B"® o

- 1 SI
- 2 No
- 3 No sé
- 4 Prefiero no contestar

19 Operación masculina (esterilización o vasectomía de la

- 1 SI
- 2 No
- 3 No sé
- 4 Prefiero no contestar

20 Cualquier otro método no mencionado previamente

1 SI, especifique:

21 En los últimos 12 meses, ¿ha necesitado algún método anticonceptivo pero fue demasiado caro?

- 1 SI
- 2 No
- 3 Prefiero no contestar

22 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?

- 1 SI
- 2 No ← Vaya a la pregunta 24 en la página 8
- 3 Prefiero no contestar ← Vaya a la pregunta 24 en la página 8

14 ¿Alguna vez usted ha utilizado alguno de estos métodos anticonceptivos, incluso si ha utilizado el método una sola vez?

Implante (Implanon® o Nexplanon®)

- 1 SI
- 2 No
- 3 No sé
- 4 Prefiero no contestar

Si respondió que no, ¿cuál es la razón principal por la que usted nunca ha usado un implante?

- 1 El costo es demasiado alto
- 2 No estoy familiarizada con este método anticonceptivo
- 3 Debido a mis creencias (religiosas o no)
- 4 Para evitar efectos secundarios negativos
- 5 No me siento cómoda pidiéndole un implante a mi médico
- 6 Me preocupa el procedimiento para insertar o extraer el implante
- 7 Mi proveedor no discutió implantes conmigo.
- 8 Quiero el control sobre cuándo y si usar el método
- 9 Alguna otra cosa, por favor especifique:

Si respondió que sí, ¿En qué mes y año le insertaron el implante por última vez. Si no puede recordarlo exactamente, por favor de su mejor estimación

Mes: Año:

Si respondió que sí, Si ya no está usando ese implante, ¿en qué mes y año se lo quitaron? Si no puede recordar exactamente, por favor de su mejor estimación.

Mes: Año:

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 SI
- 2 No
- 3 Prefiero no contestar

15 Condones masculinos o preservativos

- 1 SI
- 2 No
- 3 No sé
- 4 Prefiero no contestar

SECCIÓN C. USO DE ANTICONCEPTIVOS EN EL PASADO

Las siguientes preguntas son sobre el uso de anticonceptivos. El control de la natalidad se refiere 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". 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.

8 ¿Alguna vez usted ha utilizado alguno de estos métodos anticonceptivos, incluso si ha utilizado el método una sola vez?

9 Coito interrumpido (también llamado "terminar afuera")

1 SI
2 No
3 No sé
4 Prefiero no contestar

10 Píldoras (o pastillas) anticonceptivas Por favor marque SI, incluso si está / estaba tomando pastillas anticonceptivas por razones distintas para prevenir el embarazo.

1 SI
2 No
3 No sé
4 Prefiero no contestar

11 Parche anticonceptivo (Evra® u otro)

1 SI
2 No
3 No sé
4 Prefiero no contestar

12 Anillo vaginal (Nuvaring® u otros)

1 SI
2 No
3 No sé
4 Prefiero no contestar

13 Inyecciones anticonceptivas (Depo-Provera®, también llamado "la inyección")

1 SI
2 No
3 No sé
4 Prefiero no contestar

13 ¿Alguna vez usted ha utilizado alguno de estos métodos anticonceptivos, incluso si ha utilizado el método una sola vez?

DIU (Mirena®, Paragard®, Skyla®, Liletta®, o Kyleena®)

1 SI
2 No
3 No sé
4 Prefiero no contestar

14 ¿Si respondió que no, ¿cuál es la razón principal por la cual usted no usa el DIU?

- 1 El costo es demasiado alto
- 2 No estoy familiarizada con este método anticonceptivo
- 3 Debido a mis creencias (religiosas o no)
- 4 Para evitar efectos secundarios negativos
- 5 No me siento cómoda pidiéndole un DIU a mi médico
- 6 Me preocupa el procedimiento para insertar o extraer el DIU
- 7 Mi proveedor no discutió conmigo los DIUs
- 8 Quiero el control sobre cuándo y si usar el método
- 9 Alguna otra cosa, por favor especifique
- 10 Prefiero no contestar

15 ¿Si respondió que sí, ¿qué DIU ha utilizado?

- 1 Liletta® (DIU hormonal utilizado por un máximo de 6 años)
- 2 Mirena® (DIU hormonal utilizado por un máximo de 5 años)
- 3 Skyla® (DIU hormonal utilizado por un máximo de 3 años)
- 4 Paragard® (DIU sin hormonas utilizado por un máximo de 10 años, también se conoce como la "T de cobre")
- 5 Kyleena® (DIU hormonal utilizado por un máximo de 5 años)
- 6 No sé
- 7 Prefiero no contestar

16 ¿Si respondió que sí, ¿En qué mes y año se colocó el DIU por última vez? Si no puede recordarlo exactamente, por favor de su mejor estimación.

Mes: Año:

17 ¿Si respondió que sí, Si ya no está usando ese DIU, ¿en qué mes y año se lo quitaron o se lo expulsaron?

Si no puede recordar exactamente, por favor de su mejor estimación.

Mes: Año:

1 Todavía estoy usando ese DIU

2 No sé

3 Prefiero no contestar

18 ¿Si respondió que sí, ¿Alguna vez se sintió presionada por un proveedor médico para mantener el DIU que usó por última vez o que sigue usando?

1 SI

2 No

3 Prefiero no contestar

SECCIÓN B. SALUD GENERAL

3 ?Diría usted que su estado de salud general es...?

1 Excelente

2 Muy Buena

3 Buena

4 Regular

5 Mala

6 Prefero no contestar

4 En los últimos 12 meses, ¿ha recibido algún tipo de

atención médica o de salud? *Incluya todos los servicios*

de atención médica, incluyendo urgencias, visitas a salas

de emergencias, visitas médicas de rutina y visitas a

especialistas (por ejemplo, ginecólogo, dentista, oculista).

1 Sí

2 No

3 Prefero no contestar

5 En los últimos 12 meses, ¿hubo algún momento en

que necesité cuidado de salud para usted misma, por

cualquier razón, pero no pudo obtenerlo?

1 Sí

2 No

3 Prefero no contestar

← Vaya a la pregunta 7

← Vaya a la pregunta 7

6

?Por qué usted no recibió atención médica?

Por favor marque todos los que apliquen.

1 Me preocupaba la exposición a COVID-19.

2 El lugar al que suelo ir estaba cerrado por culpa de COVID-19.

3 Estaba fuera de mi alcance económico

4 Yo no sabía a dónde ir

5 El lugar donde me atendieron estaba demasiado lejos.

6 No pude llegar allí cuando estaba abierto

7 No pude conseguir una cita pronto

8 No tenía transporte

9 No tuve tiempo para ir

10 No tenía seguro

11 No estaba segura de cuánto del cuidado estaría cubierto

12 Por alguna otra razón, *Especifique:*

13 Prefero no contestar

? 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

afirmativa.

SI No
1 2 3
Prefero no contestar

a. Yo fui —o una pareja, un dependiente

o miembro cercano de la familia fue—

diagnosticado con o sospechoso de

haber contraído COVID-19

b. Yo experimenté —o una pareja, un

dependiente o miembro cercano de la

familia experimentó— una reducción

en las horas de trabajo o pérdida de

un empleo debido a COVID-19

c. Tuve que retrasar, cancelar u omitir

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,

mi método anticonceptivo debido al

COVID-19

5

SECCIÓN A. Preselección

1 En qué mes y año nació?

Mes: Año: Prefiero no contestar

Y si Ud. tuviera algunas categorías? Es su edad... Por favor marque solo uno.

 Menos de 18 18-19 20-24 25-29 30-34 35-39 40-44 45 o más No sé Prefiero no contestar

2 ¿Cuál es su género?

 Mujer Hombre Transgénero No me identifico como mujer, hombre ni transgénero Prefiero no contestar

Si nadie en su hogar es una mujer (o Transgénero) de 18 a 44 años, responda las dos preguntas en esta página y devuélvanos el folleto en el sobre adjunto.
Es importante que recibamos una respuesta de todo hogar seleccionado para este estudio.



Los siguientes son sólo algunos de los métodos anticonceptivos que serán mencionados en la encuesta. Por favor refiérase a esta página si usted tiene alguna duda sobre algún método anticonceptivo.

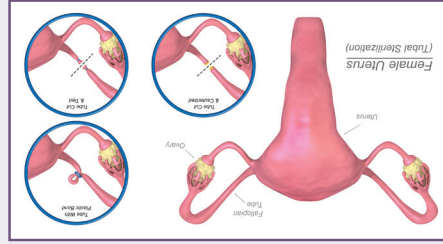
Parche anticonceptivo (Evrá® u otro)



Depo-Provera® (también llamado "la inyección")



Operación femenina (esterilización, ligadura de trompas, Essure®)



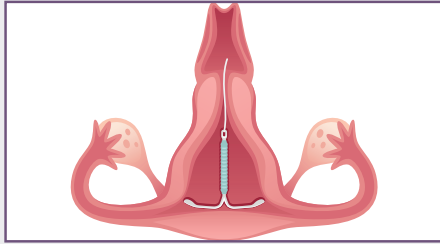
Algunas mujeres se esterilizan por medio de la inserción de un pequeño dispositivo dentro de las trompas de Falopio; este método se llama "Essure®".

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 máximo de 3 años.

Los métodos de planificación familiar natural (también llamado calendario / método del ritmo, temperatura basal del cuerpo).



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 quede embarazada por un máximo de 10 años.

Los métodos de planificación familiar natural incluyen comportamientos o estrategias que las mujeres y sus parejas pueden utilizar para prevenir el embarazo sin medicación. Algunos métodos de planificación familiar natural incluyen el "Método del calendario" o el "método del ritmo", que significa que las parejas no tienen relaciones sexuales pene-vagina durante el tiempo que una mujer tiene más probabilidades de quedar embarazada (las mujeres son más fértiles, y probablemente pueden quedar embarazadas a la mitad de su ciclo menstrual). Las mujeres también pueden utilizar los granos de ciclo para ayudarles a hacer un seguimiento de cuando es más probable que quede embarazada. Cada grano representa cada día del mes y ella no debe tener relaciones sexuales durante los días que son representados por los granos blancos. Finalmente, algunas mujeres que utilizan métodos naturales de planificación familiar se basan en el método de la temperatura basal del cuerpo. Este método requiere que las mujeres hagan un seguimiento de su temperatura y el líquido de su cuello uterino todos los días. Hay un punto en el mes durante el cual su temperatura y los fluidos cervicales cambian y eso señala el tiempo que ella tiene más probabilidades de quedar embarazada y por lo tanto se debe evitar tener relaciones sexuales.

womenshealth@norc.org

o mándenlos un correo electrónico a

1-877-396-4064

Si se encuentra con dificultades durante la encuesta,
por favor llámenos por línea gratuita al

Sus opiniones son muy importantes para nosotros, y apreciamos mucho su ayuda.

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 que recopilamos de usted y no revelaremos su 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 autorizado de NORC tendrá acceso a los datos.

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 cualquier pregunta 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 gratuita) al 1-866-309-0542.

NORC 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.

COMIENCE AQUÍ

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. Usted podrá saltar cualquier pregunta para indicar que 'No sabe' o que 'Prefiere no contestar'.

Ejemplos:

<input checked="" type="checkbox"/> Forma correcta 9899	<input type="checkbox"/> Forma incorrecta 9899
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Por favor marque su respuesta con una "X" utilizando tinta azul o negra, como se muestra en los ejemplos que figuran a continuación.

INSTRUCCIONES DE LA ENCUESTA

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 WOMEN

