

**CONTRACEPTION (FPC)**

FPC005 The next set of questions asks you about your thoughts and experiences with family planning.

Please remember that all of your answers will be kept confidential.

Enter **1** to continue.

**<1> CONTINUE**

FPC010 Some things people do to prevent a pregnancy include abstaining from having sex at certain times, using birth control methods (such as the pill, implants, shots, condoms, diaphragm, foam, and IUD), having their tubes tied, or having a vasectomy.

Are you or your partner doing anything now to keep you/her from getting pregnant?  
**If you have more than one partner, please answer these questions about your usual partner.**

**FPC010 FMT\_YES\_NO**

Please enter **1** for **YES**, or **2** for **NO**.

**<1> YES**

**<2> NO (Skip to FPC030)**

**<d> DON'T KNOW (End of Qnr) <r> REFUSED (End of Qnr)**

**<q> REPLAY QUESTION <a> REPLAY RESPONSES**

**<y> TURN QUESTION AUDIO OFF (SOUND IS NOW ON)**

**<z> TURN RESPONSE AUDIO OFF (SOUND IS NOW ON)**

FPC020A What are you or your partner doing now to prevent a pregnancy?

Have you or your partner had tubes tied?

**FPC020A FMT\_YES\_NO**

Please enter **1** for **YES**, or **2** for **NO**.

**<1> YES**

**<2> NO**

**<d> DON'T KNOW <r> REFUSED**

**<q> REPLAY QUESTION <a> REPLAY RESPONSES**

**<y> TURN QUESTION AUDIO OFF (SOUND IS NOW ON)**

**<z> TURN RESPONSE AUDIO OFF (SOUND IS NOW ON)**

**CONTRACEPTION (FPC)**

FPC020B (What are you or your partner doing now to prevent a pregnancy?)

Have you or your partner had a hysterectomy, that is female sterilization?

**FPC020B FMT\_YES\_NO**

Please enter **1** for **YES**, or **2** for **NO**.

- <1> YES
- <2> NO

- <d> DON'T KNOW                      <r> REFUSED
- <q> REPLAY QUESTION              <a> REPLAY RESPONSES
- <y> TURN QUESTION AUDIO OFF (SOUND IS NOW ON)
- <z> TURN RESPONSE AUDIO OFF (SOUND IS NOW ON)

FPC020C (What are you or your partner doing now to prevent a pregnancy?)

Have you or your partner had a vasectomy, that is male sterilization?

**FPC020C FMT\_YES\_NO**

Please enter **1** for **YES**, or **2** for **NO**.

- <1> YES
- <2> NO

- <d> DON'T KNOW                      <r> REFUSED
- <q> REPLAY QUESTION              <a> REPLAY RESPONSES
- <y> TURN QUESTION AUDIO OFF (SOUND IS NOW ON)
- <z> TURN RESPONSE AUDIO OFF (SOUND IS NOW ON)

FPC020D (What are you or your partner doing now to prevent a pregnancy?)

Do you or your partner use a birth control pill?

This means all kinds, but not including the morning-after pill.

**FPC020D FMT\_YES\_NO**

Please enter **1** for **YES**, or **2** for **NO**.

- <1> YES
- <2> NO

- <d> DON'T KNOW                      <r> REFUSED
- <q> REPLAY QUESTION              <a> REPLAY RESPONSES
- <y> TURN QUESTION AUDIO OFF (SOUND IS NOW ON)
- <z> TURN RESPONSE AUDIO OFF (SOUND IS NOW ON)

**CONTRACEPTION (FPC)**

FPC020E (What are you or your partner doing now to prevent a pregnancy?)

Do you or your partner use the morning-after pill, that is an emergency contraceptive?

**FPC020E FMT\_YES\_NO**

Please enter **1** for **YES**, or **2** for **NO**.

<1> **YES**

<2> **NO**

<d> **DON'T KNOW**

<r> **REFUSED**

<q> REPLAY QUESTION

<a> REPLAY RESPONSES

<y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON**)

<z> TURN RESPONSE AUDIO OFF (SOUND IS NOW **ON**)

FPC020F (What are you or your partner doing now to prevent a pregnancy?)

Do you or your partner use either a male or female condom?

**FPC020F FMT\_YES\_NO**

Please enter **1** for **YES**, or **2** for **NO**.

<1> **YES**

<2> **NO**

<d> **DON'T KNOW**

<r> **REFUSED**

<q> REPLAY QUESTION

<a> REPLAY RESPONSES

<y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON**)

<z> TURN RESPONSE AUDIO OFF (SOUND IS NOW **ON**)

FPC020G (What are you or your partner doing now to prevent a pregnancy?)

Do you or your partner use birth control implants, such as Jadelle or others?

**FPC020G FMT\_YES\_NO**

Please enter **1** for **YES**, or **2** for **NO**.

<1> **YES**

<2> **NO**

<d> **DON'T KNOW**

<r> **REFUSED**

<q> REPLAY QUESTION

<a> REPLAY RESPONSES

<y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON**)

<z> TURN RESPONSE AUDIO OFF (SOUND IS NOW **ON**)

**CONTRACEPTION (FPC)**

FPC020H (What are you or your partner doing now to prevent a pregnancy?)

Do you or your partner use shots, such as Depo-Provera?

**FPC020H FMT\_YES\_NO**

Please enter **1** for **YES**, or **2** for **NO**.

- <1> YES
- <2> NO

- <d> **DON'T KNOW**                      <r> **REFUSED**
- <q> REPLAY QUESTION                      <a> REPLAY RESPONSES
- <y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON**)
- <z> TURN RESPONSE AUDIO OFF (SOUND IS NOW **ON**)

FPC020I (What are you or your partner doing now to prevent a pregnancy?)

Do you or your partner use a birth control ring, such as Nuvaring or others?

**FPC020I FMT\_YES\_NO**

Please enter **1** for **YES**, or **2** for **NO**.

- <1> YES
- <2> NO

- <d> **DON'T KNOW**                      <r> **REFUSED**
- <q> REPLAY QUESTION                      <a> REPLAY RESPONSES
- <y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON**)
- <z> TURN RESPONSE AUDIO OFF (SOUND IS NOW **ON**)

FPC020J (What are you or your partner doing now to prevent a pregnancy?)

Do you or your partner use a birth control patch?

**FPC020J FMT\_YES\_NO**

Please enter **1** for **YES**, or **2** for **NO**.

- <1> YES
- <2> NO

- <d> **DON'T KNOW**                      <r> **REFUSED**
- <q> REPLAY QUESTION                      <a> REPLAY RESPONSES
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- <z> TURN RESPONSE AUDIO OFF (SOUND IS NOW **ON**)

### CONTRACEPTION (FPC)

FPC020K (What are you or your partner doing now to prevent a pregnancy?)

Do you or your partner use a diaphragm, cervical ring, or cap?

**FPC020K FMT\_YES\_NO**

Please enter **1** for **YES**, or **2** for **NO**.

<1> **YES**

<2> **NO**

<d> **DON'T KNOW**

<r> **REFUSED**

<q> **REPLAY QUESTION**

<a> **REPLAY RESPONSES**

<y> **TURN QUESTION AUDIO OFF (SOUND IS NOW ON)**

<z> **TURN RESPONSE AUDIO OFF (SOUND IS NOW ON)**

FPC020L (What are you or your partner doing now to prevent a pregnancy?)

Do you or your partner use an IUD, that is an intrauterine device, including Mirena?

**FPC020L FMT\_YES\_NO**

Please enter **1** for **YES**, or **2** for **NO**.

<1> **YES**

<2> **NO**

<d> **DON'T KNOW**

<r> **REFUSED**

<q> **REPLAY QUESTION**

<a> **REPLAY RESPONSES**

<y> **TURN QUESTION AUDIO OFF (SOUND IS NOW ON)**

<z> **TURN RESPONSE AUDIO OFF (SOUND IS NOW ON)**

FPC020M (What are you or your partner doing now to prevent a pregnancy?)

Do you or your partner use withdrawal or pulling out?

**FPC020M FMT\_YES\_NO**

Please enter **1** for **YES**, or **2** for **NO**.

<1> **YES**

<2> **NO**

<d> **DON'T KNOW**

<r> **REFUSED**

<q> **REPLAY QUESTION**

<a> **REPLAY RESPONSES**

<y> **TURN QUESTION AUDIO OFF (SOUND IS NOW ON)**

<z> **TURN RESPONSE AUDIO OFF (SOUND IS NOW ON)**

**CONTRACEPTION (FPC)**

FPC020N (What are you or your partner doing now to prevent a pregnancy?)

Do you or your partner not have sex at certain times or use the rhythm method?

**FPC020N FMT\_YES\_NO**

Please enter **1** for **YES**, or **2** for **NO**.

<1> **YES**

<2> **NO**

<d> **DON'T KNOW**

<r> **REFUSED**

<q> **REPLAY QUESTION**

<a> **REPLAY RESPONSES**

<y> **TURN QUESTION AUDIO OFF (SOUND IS NOW ON)**

<z> **TURN RESPONSE AUDIO OFF (SOUND IS NOW ON)**

FPC020O (What are you or your partner doing now to prevent a pregnancy?)

Do you or your partner use another method, such as foam, jelly, or cream?

**FPC020O FMT\_YES\_NO**

Please enter **1** for **YES**, or **2** for **NO**.

<1> **YES**

<2> **NO**

<d> **DON'T KNOW**

<r> **REFUSED**

<q> **REPLAY QUESTION**

<a> **REPLAY RESPONSES**

<y> **TURN QUESTION AUDIO OFF (SOUND IS NOW ON)**

<z> **TURN RESPONSE AUDIO OFF (SOUND IS NOW ON)**

**[END OF QUESTIONNAIRE]**

FPC030R3 What is your main reason for not preventing a pregnancy?

**FPC030\_R3 FMT\_FPC030\_R2**

<1> YOU DIDN'T THINK YOU WERE GOING TO HAVE SEX, OR YOU DON'T HAVE A REGULAR PARTNER

<2> YOU WANT A PREGNANCY

<3> YOU OR YOUR PARTNER DON'T WANT TO USE BIRTH CONTROL

<4> YOU OR YOUR PARTNER DON'T LIKE BIRTH CONTROL OR FEAR SIDE EFFECTS

<5> YOU CAN'T PAY FOR BIRTH CONTROL

<6> THERE WAS A LAPSE IN THE USE OF A METHOD

<7> YOU KNOW OR THINK THAT YOU OR YOUR PARTNER CAN'T GET PREGNANT

<8> YOU OR YOUR PARTNER ARE TOO OLD TO GET PREGNANT

<9> YOU OR YOUR PARTNER ARE CURRENTLY BREAST-FEEDING

<10> YOU OR YOUR PARTNER JUST HAD A BABY OR ARE POSTPARTUM

**CONTRACEPTION (FPC)**

- <11> YOU HAVE SOME OTHER REASON FOR NOT DOING ANYTHING TO PREVENT PREGNANCY
  - <12> YOU DON'T CARE IF YOU OR YOUR PARTNER GET PREGNANT
  - <13> YOU OR YOUR PARTNER IS PREGNANT NOW
  - <14> YOU HAVE A SAME-SEX PARTNER
- 
- <d> **DON'T KNOW**                      <r> **REFUSED**
  - <q> REPLAY QUESTION                      <a> REPLAY RESPONSES
  - <y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON**)
  - <z> TURN RESPONSE AUDIO OFF (SOUND IS NOW **ON**)