

**CONTRACEPTION (FPC)**

FPC005 The next set of questions asks you about your thoughts and experiences with family planning. These questions are asked of all adults, regardless of age.

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 <h> REPLAY RESPONSES**

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

**<s> 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 <h> REPLAY RESPONSES**

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

**<s> 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                      <h> REPLAY RESPONSES
- <y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON**)
- <s> 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                      <h> REPLAY RESPONSES
- <y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON**)
- <s> 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                      <h> REPLAY RESPONSES
- <y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON**)
- <s> 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**

<h> **REPLAY RESPONSES**

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

<s> **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**

<h> **REPLAY RESPONSES**

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

<s> **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**

<h> **REPLAY RESPONSES**

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

<s> **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                      <h> REPLAY RESPONSES
- <y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON**)
- <s> 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                      <h> REPLAY RESPONSES
- <y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON**)
- <s> 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                      <h> REPLAY RESPONSES
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**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**

**<h> REPLAY RESPONSES**

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

**<s> 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**

**<h> REPLAY RESPONSES**

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

**<s> 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**

**<h> REPLAY RESPONSES**

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

**<s> 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              <h> REPLAY RESPONSES
- <y> TURN QUESTION AUDIO OFF (SOUND IS NOW ON)
- <s> 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              <h> REPLAY RESPONSES
- <y> TURN QUESTION AUDIO OFF (SOUND IS NOW ON)
- <s> TURN RESPONSE AUDIO OFF (SOUND IS NOW ON)

**[END OF QUESTIONNAIRE]**

FPC030\_R4 What is your main reason for not preventing a pregnancy?

**FPC030\_R5 FMT\_FPC030\_R3\_.**

- <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

**CONTRACEPTION (FPC)**

- <10> YOU OR YOUR PARTNER JUST HAD A BABY OR ARE POSTPARTUM
- <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
- <15> YOU OR YOUR PARTNER HAD TUBES TIED
- <16> YOU OR YOUR PARTNER HAD A VASECTOMY
- <17> YOU OR YOUR PARTNER HAD A HYSTERECTOMY

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

**[END OF QUESTIONNAIRE]**