

**ATTACHMENT B**

**EVALUATION OF ADOLESCENT PREGNANCY PREVENTION APPROACHES**

**FOLLOW- UP INSTRUMENT: OHIOHEALTH**

The OhioHealth survey instrument is for pregnant and parenting teens and therefore is not divided into separate parts for sexually active and non-sexually active youth.



## Evaluation of Adolescent Pregnancy Prevention Approaches

### **SIX MONTH FOLLOW-UP QUESTIONNAIRE**

#### **CONFIDENTIALITY**

Thank you for your help with this important study. It will help us understand what things are like for people your age today. Your answers are confidential and everything you say will be kept private. Your name will not be on the questionnaire. Please answer all questions as well as you can.

We want you to know that:

1. We hope that you will answer all the questions, but you may skip any questions you do not wish to answer.
2. The answers you give will never be identified as yours. Your responses will be combined with those of other people your age.

Mathematica Policy Research

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# INTRODUCTION

**INTERVIEWERS: INSTRUCTIONS TO YOU ARE IN BLUE BOLD CAPS. DO NOT READ TEXT IN BLUE BOLD CAPS ALOUD.**

## GET RESPONDENT ON PHONE

Hello. My name is \_\_\_\_\_, and I'm calling from [Mathematica Policy Research OR Nationwide Children's Hospital]. Could I speak with **[RESPONDENT'S NAME]** please?

**RESOLVE ANY QUESTIONS AND ATTEMPT TO GET RESPONDENT ON PHONE OR MAKE APPOINTMENT TO CALL BACK.**

## INTRODUCTION WITH RESPONDENT

[Hello. My name is \_\_\_\_\_, and I'm calling from [Mathematica Policy Research OR Nationwide Children's Hospital.]]

I'm calling as part of a research study about birth spacing called TOPP that you agreed to participate in at [RECRUITMENT SITE]. You might remember filling out a survey about 6 months ago. I'm calling to do the current survey with you, which is very similar. It will ask about you, your perspectives and your behaviors.

## START

Before we begin the survey, I need to tell you that your participation in this study is voluntary, and we want you to know that:

- The answers you give to this survey will be confidential, which means they will never be identified as yours. All of your responses will be kept private and will not be shared with anyone.
- We hope that you will answer all the questions honestly, but you may skip any questions you do not want to answer.
- And, we will send you a \$10 gift card after we complete the survey.

Some of the questions we ask could be considered sensitive. Are you somewhere you can freely answer questions?

Do you have any questions before we begin?

**\*\*YOUR RESPONSE TO ANY QUESTIONS ABOUT SURVEY CONTENT SHOULD BE**

Just answer the question the best you can.

## SECTION 1: YOU AND YOUR BACKGROUND

### 1.1. The first questions are about you and your background.

**Are you currently enrolled in school or studying school subjects through a program at home, online or somewhere else?**

*MARK (X) ONE*

- Yes  
 No

### 1.2. What is the highest grade in school you completed?

*MARK (X) ONE*

- 6th grade or lower  
 7th  
 8th  
 9th  
 10th  
 11th  
 12th  
 GED  
 A year or more of community college or vocational school  
 A year or more in a four-year college  
 Your schooling does not have grade levels  
 Other

### 1.3. Now I am going to ask you how likely it is you will do a series of things. Your answer choices are **[READ CHOICES]**. **[FOR 18 AND 30 MONTH FUs]**

**How likely is it that you will...**

*MARK (X) ONE FOR EACH*

	NOT AT ALL LIKELY	A LITTLE BIT LIKELY	SOMEWHAT LIKELY	VERY LIKELY	YOU ALREADY DID
a. Graduate from high school <b>[READ CHOICES]</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>[REPEAT STEM]</b> Go to a technical or vocational school after high school <b>[READ CHOICES]</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Go to college .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Graduate from a 2-year or community college program .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Graduate from a 4-year college program .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**1.3. What is your current marital status – are you currently [READ CHOICES]**

**MARK (X) ONE**

- Never married
- Married
- Divorced
- Separated or
- Widowed?

**1.4. In the past 6 months, how often did you attend religious services or activities? [READ CHOICES]**

**MARK (X) ONE**

- Never
- Less than once a month
- 1-3 times per month
- Once a week
- More than once a week

**1.5. How important is religion in your life? [READ CHOICES]**

**MARK (X) ONE**

- Not at all important
- Somewhat important
- Very important

**1.6. What is your religion or faith? [READ CHOICES]**

**MARK (X) ONE**

- Atheist or Agnostic
- Buddhist
- Catholic
- Christian – Other than Catholic or Orthodox
- Orthodox Christian, for example Greek or Russian Orthodox
- Hindu
- Jewish
- Mormon
- Muslim
- Nothing in particular or
- Something else *PRINT OTHER RELIGION OR FAITH*

**1.7. Now I'm going to ask you questions about the past 6 months. In the past 6 months, have you received any information or learned about any of the following?**

**MARK (X) ONE FOR EACH**

	YES	NO
a. Relationships, dating, marriage, or family life .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Abstinence from sex .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Methods of birth control .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Where to get birth control .....	<input type="checkbox"/>	<input type="checkbox"/>
e. Sexually transmitted diseases, also known as STDs .....	<input type="checkbox"/>	<input type="checkbox"/>
f. How to talk to a partner about whether to have sex or whether to use birth control .....	<input type="checkbox"/>	<input type="checkbox"/>
g. How to say no to sex.....	<input type="checkbox"/>	<input type="checkbox"/>

**1.8. INTERVIEWER: DID THE RESPONDENT SAY "YES" TO ANY ITEM IN 1.7 ABOVE?**

**MARK (X) ONE**

- Yes
- No → **GO TO 1.10**

**1.9. Now I am going to ask you about the number of times you got information on relationships, abstinence, birth control, or sexually transmitted diseases from a series of places in the past 6 months. Your answer choices are [READ ANSWER CHOICES].**

**In the past 6 months, how many times did you get information on relationships, abstinence, birth control, or sexually transmitted diseases from...**

**MARK (X) ONE FOR EACH**

	NEVER	1-3 TIMES	4-9 TIMES	10 OR MORE TIMES
a. A school class [READ CHOICES] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. [REPEAT STEM] A church, synagogue, mosque, or religious classes outside of school [READ CHOICES] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A community center, youth organization, or after-school activity .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. [REPEAT STEM] A doctor or nurse you saw at a hospital, clinic, or trailer .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. A nurse, social worker, or other health care professional who came to your home .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. A nurse or other provider from the Nurse Family Partnership or Help Me Grow program who came to your home .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Your friends.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Your parents or other relatives or family members.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Another person or place LIST OTHER SOURCE ↘ .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**1.10. In the past 6 months, how many different times, if any, did you receive birth control from a doctor or a nurse at a place such as a hospital, clinic, or trailer, or during a visit to your home?**

None

NUMBER OF TIMES – Your best guess is fine.

## SECTION 2: FAMILY

### 2.1. The next questions are about where you live and those you live with.

Which of the following best describes where you live?

MARK (X) ONE

- You live in one home
- You live in two or more homes and go back and forth
- You are homeless, for example, living on the street, in a car or shelter, or temporarily staying with friends or relatives

### 2.2. I'm going to ask about some different types of financial assistance.

In the past **30 days**, did you or someone who lives with you receive...

MARK (x) ONE FOR EACH

	YES	NO	[DON'T KNOW]
a. Social Security Disability.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>[REPEAT STEM]</b> Food stamps, now called SNAP or Supplemental Nutrition Assistance Program .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. WIC or The Women, Infants and Children Supplemental Nutrition Program .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Welfare, also called TANF or Temporary Assistance for Needy Families .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Unemployment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 2.3. Now I'm going to ask how many times you or someone who lives with you did certain things in the **past 30 days**. Your answer choices are **[READ CHOICES]**.

In the **past 30 days**, how many times did you or someone who lives with you...

MARK (X) ONE FOR EACH

	NO TIMES	LESS THAN ONCE A WEEK	ABOUT ONCE A WEEK	MORE THAN ONCE A WEEK
a. Feel sick, in pain or injured but did NOT go for medical help because they did not have insurance or the money <b>[READ CHOICES]</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>[REPEAT STEM]</b> Skip a meal because there was no food in the house or money to get food <b>[READ CHOICES]</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Visit a food pantry .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Miss school, going to a job, or something else important because there was no money for gas, a bus, a train, or some other type of transportation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 2.4. At any time in the **past 6 months**, has there been a period of time when you have **not** had any health insurance at all?

MARK (X) ONE

- Yes
- No



## SECTION 3: VIEWS AND PERCEPTIONS

**3.1. The next series of questions is about how strongly you agree or disagree with a series of statements about condom use. Your answer choices are [READ CHOICES].**

**How strongly do you agree or disagree that...**

*MARK (X) ONE FOR EACH*

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
a. Condoms should always be used if a person your age has sexual intercourse [READ CHOICES].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. [REPEAT STEM] Condoms are a hassle to use [READ CHOICES] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Condoms are pretty easy to get.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Condoms are important to make sex safer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Using condoms means you don't trust your partner.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Using condoms is morally wrong.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Condoms decrease sexual pleasure .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3.2. If condoms are used correctly and consistently, how much can they decrease the risk of pregnancy? [READ CHOICES]**

*MARK (X) ONE*

- Not at all
- A little
- A lot
- Completely
- Don't know

**3.3. If condoms are used correctly and consistently, how much can they decrease the risk of getting HIV, the virus that causes AIDS? [READ CHOICES]**

*MARK (X) ONE*

- Not at all
- A little
- A lot
- Completely
- Don't know

**3.4. If condoms are used correctly and consistently, how much can they decrease the risk of getting gonorrhea? [READ CHOICES]**

MARK (X) ONE

- Not at all
- A little
- A lot
- Completely
- Don't know

**3.5. The next series of questions is about how strongly you agree or disagree with a series of statements about other methods of birth control NOT including condoms. Your answer choices are [READ CHOICES].**

How strongly do you agree or disagree that...

MARK (X) ONE FOR EACH

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
a. Birth control should always be used if a person your age has sexual intercourse [READ CHOICES] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. [REPEAT STEM] Birth control is a hassle to use [READ CHOICES] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Birth control is pretty easy to get .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Birth control is important to make sex safer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Birth control has too many negative side effects.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Using birth control is morally wrong.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My friends have good things to say about birth control .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. My family members have good things to say about birth control.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3.6. The next series of questions is about birth control pills.**

If birth control pills are used correctly and consistently, how much can they decrease the risk of pregnancy? [READ CHOICES]

MARK (X) ONE

- Not at all
- A little
- A lot
- Completely
- Don't know

3.7. If **birth control pills** are used correctly and consistently, how much can they decrease the risk of getting HIV, the virus that causes AIDS? **[READ CHOICES]**

MARK (X) ONE

- Not at all
- A little
- A lot
- Completely
- Don't know

3.8. If **birth control pills** are used correctly and consistently, how much can they decrease the risk of getting gonorrhea? **[READ CHOICES]**

MARK (X) ONE

- Not at all
- A little
- A lot
- Completely
- Don't know

3.9. The next series of questions is about how strongly you agree or disagree with a series of statements about ALL methods of birth control, including condoms and birth control pills. Your answer choices are **[READ CHOICES]**.

How strongly do you agree or disagree that...

MARK (X) ONE FOR EACH

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
a. Women can trust what doctors and nurses say about birth control <b>[READ CHOICES]</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>[REPEAT STEM]</b> The use of birth control improves a relationship <b>[READ CHOICES]</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If a woman uses birth control, her partner will know she really cares about herself .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If a man uses birth control, his partner will know he really cares about her .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If a woman uses birth control, her partner will think she's pretty smart .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. If a man makes sure that one of them is using birth control, his partner will know he really cares about her .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3.10. Now please think about your friends or the people you hang out with who have sexual intercourse. How often do you think they use ANY method of birth control, such as condoms or birth control pills? [READ CHOICES]**

**MARK (X) ONE**

- Never
- Sometimes
- Half the time
- Most of the time
- Always

**3.11. How many of your friends or the people you hang out with had a baby before they were 20 years old? [READ CHOICES]**

**MARK (X) ONE**

- None
- One or two
- Three or more

**3.12. How many of your friends or the people you hang out with had more than one baby before they were 20 years old? [READ CHOICES]**

**MARK (X) ONE**

- None
- One or two
- Three or more

## SECTION 4: BEHAVIORS AND EXPERIENCES

### SEXUAL INTERCOURSE AND BIRTH CONTROL

#### 4.1. Excuse me one moment as I look up a date.

**INTERVIEWER: PLEASE PUT THE DATE YOU CALCULATED ON THE CONTACT SHEET IN THE BLANK BELOW. THEN CONTINUE WITH THIS QUESTION.**

Sorry for the delay. The next questions are about your sexual behaviors and experiences. Please be as honest as possible. Your answers are confidential and everything you say will be kept private.

The first questions are about sexual intercourse. By sexual intercourse, we mean a male putting his penis into a female's vagina.

Please think about the past 3 months, that is, from \_\_\_\_\_ until today. In the past 3 months, have you had sexual intercourse, even once?

*MARK (X) ONE*

Yes

No → GO TO 4.9

#### 4.2. In the past 3 months, how many DIFFERENT PEOPLE have you had sexual intercourse with, even once?

None → GO TO 4.1 INTERVIEWER: THIS SKIP IS CORRECT

NUMBER OF PEOPLE – Your best guess is fine.

#### 4.3. In the past 3 months, how many TIMES have you had sexual intercourse?

None → GO TO 4.1

NUMBER OF TIMES – Your best guess is fine.

#### 4.4. In the past 3 months, have you had sexual intercourse without you or your partner using a condom?

*MARK (X) ONE*

Yes

No → GO TO 4.8

#### 4.5. In the past 3 months, how many TIMES have you had sexual intercourse without you or your partner using a condom?

None → GO TO 4.4

NUMBER OF TIMES – Your best guess is fine.

**4.6. In the past 3 months, have you had sexual intercourse without you or your partner using any of these methods of birth control:**

- Condoms
- Birth control pills
- The shot or Depo-Provera
- The patch
- The ring or NuvaRing
- An IUD such as Mirena or Paragard or
- Implants such as IMPLANON?

MARK (X) ONE

- Yes
- No → GO TO 4.8

**4.7. In the past 3 months, how many TIMES have you had sexual intercourse without you or your partner using any of these methods of birth control:**

- Condoms
- Birth control pills
- The shot or Depo-Provera
- The patch
- The ring or NuvaRing
- An IUD such as Mirena or Paragard or
- Implants such as IMPLANON?

- None → GO TO 4.6
- NUMBER OF TIMES – Your best guess is fine.

**4.8. I'm going to read you some methods of birth control and ask how often you used each method in the past 3 months. Your answer choices are [READ CHOICES].**

In the past 3 months, when you had sexual intercourse, how much of the time did you use...

MARK (X) ONE FOR EACH

	NONE OF THE TIME	SOME OF THE TIME	HALF THE TIME	MOST OF THE TIME	ALL OF THE TIME
a. Condoms [READ CHOICES] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. [REPEAT STEM] A diaphragm [READ CHOICES] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Female condoms .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Fertility awareness .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Withdrawal .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. A spermicide .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Another method PRINT OTHER METHOD →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4.9. In the past 3 months, how much of the time did you use...**

MARK (X) ONE FOR EACH

	NONE OF THE TIME	SOME OF THE TIME	HALF THE TIME	MOST OF THE TIME	ALL OF THE TIME
a. Birth control pills <b>[READ CHOICES]</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>[REPEAT STEM]</b> the shot or Depo-Provera <b>[READ CHOICES]</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The patch.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The ring or NuvaRing .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. An IUD such as Mirena or Paragard .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. An Implant such as IMPLANON .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Male vasectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Breastfeeding .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Another method of birth control <i>PRINT OTHER METHOD</i> ↘.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4.10. INTERVIEWER:** IF THE ANSWER TO 4.8a. IS NONE OF THE TIME, GO TO 4.12.  
 IF THE ANSWERS TO 4.8 ARE BLANK, GO TO 4.13.  
 OTHERWISE, GO TO 4.11.

**4.11. The most recent time you had sexual intercourse, did you use a condom?**

MARK (X) ONE

- Yes
- No

**4.12. The most recent time you had sexual intercourse, did you use any method of birth control other than a condom, such as birth control pills, the shot, the patch, the ring, an IUD, an Implant, a diaphragm, spermicide, or any other method?**

MARK (X) ONE

- Yes
- No

## ORAL AND ANAL SEX

**4.13. The next question is about oral sex. Oral sex is when someone puts his or her mouth on another person's penis or vagina, OR lets someone else put his or her mouth on their penis or vagina.**

**In the past 3 months, how many TIMES have you had oral sex?**

None → **GO TO 4.15**

NUMBER OF TIMES – Your best guess is fine.

**4.14. In the past 3 months, how many TIMES have you had oral sex without using a condom?**

None

NUMBER OF TIMES – Your best guess is fine.

**4.15. The next question is about anal sex. Anal sex is when a male puts his penis in someone else's anus, or their butt. In the past 3 months, how many TIMES have you had anal sex?**

None → **GO TO 4.18**

NUMBER OF TIMES – Your best guess is fine.

**4.16. In the past 3 months, how many TIMES have you had anal sex without using a condom?**

None

NUMBER OF TIMES – Your best guess is fine.



## SEXUALLY TRANSMITTED DISEASES

4.17. Now please think about the past 6 months. In the past 6 months, have you been told by a doctor or nurse that you had a sexually transmitted disease, also known as an STD?

MARK (X) ONE

Yes

No

4.18. The next series of questions is about the types of sexually transmitted diseases, or STDs, you have had.

In the past 6 months, did you have...

MARK (X) ONE FOR EACH

	YES	NO	DON'T KNOW
a. Chlamydia .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>[REPEAT STEM]</b> Gonorrhea.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Genital herpes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Syphilis.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. HIV infection or AIDS.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Human Papillomavirus, also known as HPV or genital warts.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Another sexually transmitted disease or STD <i>PRINT OTHER STD</i> ↴.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PREGNANCY HISTORY

**4.19. You were pregnant about 6 months ago, right before or when you filled out a survey similar to this one for this same study. The next questions refer to that pregnancy.**

**Please think back to that pregnancy you experienced about 6 months ago. How many weeks along in that pregnancy were you when your baby was born or that pregnancy ended?**

NUMBER OF WEEKS

**4.20. How did that pregnancy end? [READ CHOICES]**

**MARK (X) ONE**

- A live birth or births
- A miscarriage
- A stillbirth
- GO TO 4.30

**4.21. Did you have a c-section delivery, also known as a Caesarean section delivery, OR did you have a vaginal birth, also known as pushing the baby out?**

**MARK (X) ONE**

- C-section
- Vaginal birth

**4.22. Was your baby born full-term, that is after you were 37 weeks pregnant, or premature, that is before you were 37 weeks pregnant?**

**MARK (X) ONE**

- Full-term → GO TO 4.25
- Premature

**4.23. Was the delivery of your baby spontaneous, that is – no medicine was used to cause your baby to be born, or induced, that is – medicine was used to start labor to cause your baby to be born?**

**MARK (X) ONE**

- Spontaneous birth – no medicine was used to start labor → GO TO 4.25
- Induced

**4.24. Was the delivery of your baby induced, that is – medicine was used to start labor to cause your baby to be born, because of your own health complications or because of complications involving the baby?**

**MARK (X) ONE**

- Induced because of your own health complications
- Induced because of complications involving the baby

**4.25. How much did your baby weigh at birth?**

POUNDS      OUNCES

Don't know

**4.26. How many days was your baby in the hospital after he or she was born?**

Her baby is still in the hospital

NUMBER OF DAYS

**4.27. How many days was your baby in the intensive care unit at the hospital after he or she was born?**

None

Her baby is still in the intensive care unit at the hospital

NUMBER OF DAYS

**4.28. Did you breastfeed your baby at all?**

*MARK (X) ONE*

Yes

No → **GO TO 4.30**

**4.29. How many months did you breastfeed your baby or are you still breastfeeding him or her?**

Still breastfeeding

NUMBER OF MONTHS

**4.30. Have you been pregnant again since that pregnancy ended?**

*MARK (X) ONE*

Yes

No → **GO TO 4.34**

**4.31. At the time you became pregnant the most recent time, did you want to become pregnant then, did you want to become pregnant later, or did you not want to become pregnant at all?**

**MARK (X) ONE**

- Wanted to become pregnant then
- Wanted to become pregnant later
- Did not want to become pregnant at all

**4.32. How did your most recent pregnancy end – a live birth or births, a miscarriage, a stillbirth, an abortion or are you still pregnant?**

**MARK (X) ONE**

- Still pregnant
  - Live birth or births
  - Miscarriage
  - Stillbirth
  - Abortion
- **GO TO 4.34**

**4.33. How many weeks along in your current pregnancy are you?**

NUMBER OF WEEKS

Don't know

**4.34. Including all the times you have been pregnant, how many times have you EVER been pregnant, even if no child was born?**

NUMBER OF TIMES

## SECTION 5: PLANNING FOR THE FUTURE

### 5.1. The next questions are about your plans for the future.

Again, in this survey, by sexual intercourse, we mean a male putting his penis into a female's vagina.

Do you intend to have sexual intercourse in the next year, if you have the chance?

[\[READ CHOICES\]](#)

**MARK (X) ONE**

- Yes, definitely
- Yes, probably
- No, probably not
- No, definitely not

### 5.2. If you were to have sexual intercourse in the next year, do you intend to have your partner use a condom? [\[READ CHOICES\]](#)

**MARK (X) ONE**

- Yes, definitely
- Yes, probably
- No, probably not
- No, definitely not

### 5.3. If you were to have sexual intercourse in the next year, do you intend to use or have your partner use any of these methods of birth control:

- Birth control pills
- The shot or Depo-Provera
- The patch
- The ring or NuvaRing
- An IUD such as Mirena or Paragard or
- Implants such as IMPLANON? [\[READ CHOICES\]](#)

**MARK (X) ONE**

- Yes, definitely
- Yes, probably
- No, probably not
- No, definitely not

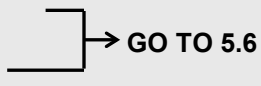
**5.4. Do you want to have any more children?**

**MARK (X) ONE**

Yes

No

Don't know



**5.5. How many more children do you want to have?**

NUMBER OF CHILDREN

**5.6. INTERVIEWER: IF RESPONDENT IS CURRENTLY PREGNANT [SEE QUESTION 4.30], GO TO 5.8.**

**Please think about the next year. Over the next year, will you be [READ CHOICES]**

**MARK (X) ONE**

Trying to get pregnant again

Neither trying to get pregnant nor trying avoid getting pregnant

Trying to avoid getting pregnant or

You don't know?

**5.7. Over the next year, from your partner's point of view, will he be...**

**MARK (X) ONE**

Trying to get you pregnant

Neither trying to get you pregnant nor trying to avoid getting you pregnant

Trying to avoid getting you pregnant

You don't know or

You don't have a partner right now?

5.8. Okay, that was the end of our survey. Thank you so much for your help with this study.

I'd like to confirm your address, so that we are sure you will receive your \$10 gift card.

**CONFIRM ADDRESS AND UPDATE IF NECESSARY.**

I would also like to confirm your other contact information, so that we will be able to reach you for the next of our four surveys, 12 months from now.

**CONFIRM PHONE NUMBER/S AND ADDRESS, AND UPDATE IF NECESSARY.**

Finally, we will contact you about every 3 months to be sure your contact information hasn't changed. Would you prefer we contact you by postcard or text message?

**NOTE WHETHER POST CARD OR TEXT.**

That's it. Thank you so much again!

Good-bye.

