



2016

**Behavioral Risk Factor Surveillance System
Field Test Questionnaire**

June 24, 2016

Behavioral Risk Factor Surveillance System 2016 Field Test Questionnaire

Table of Contents

Core Sections.....	3
Section 1: Health Status.....	3
Section 2: Healthy Days — Health-Related Quality of Life.....	4
Section 3: Demographics.....	4
Section 4: E-Cigarettes.....	14
Section 5: Fruits and Vegetables.....	15
Section 6: Cholesterol Screening.....	17
Section 7: Tobacco Use.....	18
Optional Modules.....	20
Module 1: Social Determinants of Health.....	20
Module 2: Sodium or Salt Intake.....	21
Module 3: Respiratory Health (COPD Symptoms).....	22
Module 4: Lung Cancer Screening.....	23
Module 5: Marijuana.....	24
Module 6: Sexual Orientation and Gender Identity.....	25
Module 7: Family Planning.....	26

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Core Sections

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call **(give appropriate state telephone number)**.

Section 1: Health Status

1.1 Would you say that in general your health is—

(73)

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

Or

- 5 Poor

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Section 2: Healthy Days — Health-Related Quality of Life

2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74-75)

- Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76-77)

- Number of days
- 8 8 None **[If Q2.1 and Q2.2 = 88 (None), go to next section]**
- 7 7 Don't know / Not sure
- 9 9 Refused

2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78-79)

- Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 3: Demographics

3.1 Indicate sex of respondent.

- 1 Male
- 2 Female
- 9 Refused

3.2 What is your age? (75-76)

- Code age in years
- 07 Don't know / Not sure
- 09 Refused

3.3 Are you Hispanic, Latino/a, or Spanish origin? (77-80)

If yes, ask: Are you...

INTERVIEWER NOTE: One or more categories may be selected.

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin

Do not read:

- 5 No
- 7 Don't know / Not sure
- 9 Refused

3.4 Which one or more of the following would you say is your race? (81-108)

INTERVIEWER NOTE: Select all that apply.

INTERVIEWER NOTE: 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

Please read:

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian
- 50 Pacific Islander**
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander

Do not read:

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

CATI NOTE: If more than one response to Q2..4; continue. Otherwise, go to Q2.6.

3.5 Which one of these groups would you say best represents your race?

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategory underneath major heading.

(109-110)

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**

- 40 Asian**
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian

- 50 Pacific Islander**
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander

Do not read:

- 60 Other
- 77 Don't know / Not sure
- 99 Refused

3.6 Are you...? (111)

Please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

3.7 What is the highest grade or year of school you completed? (112)

Read only if necessary:

- 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 (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

Do not read:

- 9 Refused

3.8 Do you own or rent your home? (113)

- 1 Own
- 2 Rent
- 3 Other arrangement
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: “Other arrangement” may include group home, staying with friends or family without paying rent.

NOTE: Home is defined as the place where you live most of the time/the majority of the year.

INTERVIEWER NOTE: We ask this question in order to compare health indicators among people with different housing situations.

3.9 What county do you live in? (113-114)

- _ _ _ ANSI County Code (formerly FIPS county code)
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

3.10 What is the ZIP Code where you live? (115-119)

- _ _ _ _ _ ZIP Code
- 7 7 7 7 7 Don't know / Not sure
- 9 9 9 9 9 Refused

CATI NOTE: If cellular telephone interview skip to 2.14 (QSTVER GE 20)

3.11 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

(120)

- 1 Yes
- 2 No [Go to Q2.13]
- 7 Don't know / Not sure [Go to Q2.13]
- 9 Refused [Go to Q2.13]

3.12 How many of these telephone numbers are residential numbers? (121)

- _ Residential telephone numbers [**6 = 6 or more**]
- 7 Don't know / Not sure
- 9 Refused

3.13 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (122)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

3.14 See module 1 for military question
Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

(123)

- 1 Yes
- 2 No

Do not read:

- 7 Don't know / Not sure
- 9 Refused

3.15 Are you currently...? (124)

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for 1 year or more
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired

Or

8 Unable to work

Do not read:

9 Refused

3.16 How many children less than 18 years of age live in your household? (125-126)

– – Number of children

8 8 None

9 9 Refused

3.17 Is your annual household income from all sources— (127-128)

If respondent refuses at ANY income level, code '99' (Refused)

Read only if necessary:

0 4 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**
(\$20,000 to less than \$25,000)

0 3 Less than \$20,000 **If "no," code 04; if "yes," ask 02**
(\$15,000 to less than \$20,000)

0 2 Less than \$15,000 **If "no," code 03; if "yes," ask 01**
(\$10,000 to less than \$15,000)

0 1 Less than \$10,000 **If "no," code 02**

0 5 Less than \$35,000 **If "no," ask 06**
(\$25,000 to less than \$35,000)

0 6 Less than \$50,000 **If "no," ask 07**
(\$35,000 to less than \$50,000)

0 7 Less than \$75,000 **If "no," code 08**
(\$50,000 to less than \$75,000)

0 8 \$75,000 or more

Do not read:

7 7 Don't know / Not sure
 9 9 Refused
3.18 Have you used the internet in the past 30 days?
 (160)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

3.19 About how much do you weigh without shoes? (129-132)

NOTE: If respondent answers in metrics, put "9" in column 161.

Round fractions up

____ Weight
 (pounds/kilograms)
 7 7 7 7 Don't know / Not sure
 9 9 9 9 Refused

3.20 About how tall are you without shoes? (133-134)

NOTE: If respondent answers in metrics, put "9" in column 133.

Round fractions down

__ / __ Height
 (ft / inches/meters/centimeters)
 7 7 / 7 7 Don't know / Not sure
 9 9 / 9 9 Refused

If male, go to 2.22, if female respondent is 45 years old or older, go to Q2.22

3.21 To your knowledge, are you now pregnant?

(135)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

The following questions are about health problems or impairments you may have.

Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone.

3.22 Are you deaf or do you have serious difficulty hearing?

(136)

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

3.23 Are you blind or do you have serious difficulty seeing, even when wearing glasses?

(137)

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

3.24 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

(138)

- 1 Yes
- 2 No
- 7 Don't know / Not sure

9 Refused

3.25 Do you have serious difficulty walking or climbing stairs? (139)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

3.26 Do you have difficulty dressing or bathing? (140)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

3.27 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (141)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 4: E-Cigarettes

The next 2 questions are about electronic cigarettes (e-cigarettes) and other electronic "vaping" products, including electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

4.1 Have you ever used an e-cigarette or other electronic "vaping" product, even just one time, in your entire life? (142)

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know / Not Sure
- 9 Refused [Go to next section]

4.2 Do you now use e-cigarettes or other electronic “vaping” products every day, some days, or not at all? (143)

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know / Not sure
- 9 Refused

Section 5: Fruits and Vegetables

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

5.1 During the past month, how often did you eat fruit? Do not include juices. You can tell me times per day, per week or per month?

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

- 1__ Days (144)
- 2__ Weeks
- 3__ Months
- ever
- 777 Don't Know
- 999 Refused

5.2 ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS How often did you drink 100% fruit juice such as apple or orange juices? Do not include fruit-flavored drinks or fruit juices you added sugar to?

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS (145)

- 1__ Days
- 2__ Weeks
- 3__ Months
- 888 Never
- 777 Don't Know
- Refused

5.3 How often did you eat a green leafy or lettuce salad, with or without other vegetables?

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

(146-148)

- 1__ Days
- 2__ Weeks
- 3__ Months
- 888 Never
- 777 Don't Know
- 999 Refused

5.4 How often did you eat any kind of fried potatoes, including french fries, home fries, or hash browns?

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

(149-150)

- 1__ Days
- 2__ Weeks
- 3__ Months
- 888 Never
- 777 Don't Know
- 999 Refused

5.5 How often did you eat any other kind of potatoes, such as baked, boiled, mashed potatoes, or potato salad?

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

(151-153)

- 1__ Days
- 2__ Weeks
- 3__ Months
- 888 Never
- 777 Don't Know
- Refused

5.6 Not including lettuce salads and potatoes, how often did you eat other vegetables?

ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS

(154-156)

- 1__ Days

2__ Weeks
3__ Months
888 Never
777 Don't Know
999 Refused

Section 6: Cholesterol Screening

6.1 Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked?

Read: (157)

- 1 Never
- 2 Within the past year (anytime less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 5 years (2 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

6.2 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

(158)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.3 Are you currently taking medicine prescribed by a doctor or other health professional for your blood cholesterol?

(159)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 7: Tobacco Use

7.1 Have you smoked at least 100 cigarettes in your entire life? (176)

INTERVIEWER NOTE: "For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana."

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to Q9.5]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

7.2 Do you now smoke cigarettes every day, some days, or not at all? (177)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q9.4]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

7.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (178)

- 1 Yes [Go to Q9.5]
- 2 No [Go to Q9.5]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

7.4 How long has it been since you last smoked a cigarette, even one or two puffs? (179-180)

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)

- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more
- 0 8 Never smoked regularly
- 7 7 Don't know / Not sure
- 9 9 Refused

7.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

Snus (rhymes with 'goose')

NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum. (181)

- 1 Every day
- 2 Some days
- 3 Not at all

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Transition to Modules

Please read:

Finally, I have just a few questions left about some other health topics.

Optional Modules

Module 1: Social Determinants of Health

1. During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?

(192)

- 1 Yes
- 2 No
- 7 Don't know/not sure
- 9 Refused

2. In the last 12 months, how many times have you moved from one home to another?

___ Number of moves in past 12 months [01-52] (193-194)

- 8 8 None (Did not move in past 12 months)
- 7 7 Don't know/Not sure
- 9 9 Refused

3. How safe from crime do you consider your neighborhood to be?

(195)

- 1 Extremely safe
- 2 Quite safe
- 3 Slightly safe
- 4 Not at all safe
- 7 Don't know/Not sure
- 9 Refused

4. I'm going to read you two statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for you in the last 12 months—that is, since last (name of current month).

The first statement is, "The food that I bought just didn't last, and I didn't have money to get more."

Was that often, sometimes, or never true for you in the last 12 months?

(196)

- 1 Often true
- 2 Sometimes true
- 3 Never true
- 7 Don't Know/Not sure
- 9 Refused

5. I couldn't afford to eat balanced meals." Was that often, sometimes, or never true for you in the last 12 months?

(197)

- 1 Often true
- 2 Sometimes true
- 3 Never true
- 7 Don't Know /Not sure
- 9 Refused

6. During the past year, did your family:

(198)

- 1 Save money
- 2 Just get by
- 3 Spent some savings
- 4 Spent savings and borrowed money
- 7 Don't Know/Not sure
- 9 Refused

7. Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his/her mind is troubled all the time.

Do you feel this kind of stress these days?

(199)

- 1 Not at all
- 2 A little bit
- 3 Somewhat
- 4 Quite a bit
- 5 Very much
- 7 Don't know/Not sure
- 9 Refused

Module 2: Sodium or Salt Intake

1. Are you currently watching or reducing your sodium or salt intake? (200)

1. Yes
2. No
7. Don't know/not sure
9. Refused

2. Has a doctor or other health professional ever advised you to reduce sodium or salt intake? (201)

- 1. Yes
- 2. No
- 7. Don't know/not sure
- 9. Refused

Module 3: Respiratory Health (COPD Symptoms)

The next few questions are about breathing problems you may have.

1. Do you usually cough on most days for 3 consecutive months or more during the year?

- 1 Yes (202)
- 2 No
- 7 Don't know/Not sure
- 9 Refused

2. Do you bring up phlegm or mucus on most days for 3 consecutive months or more during the year?

- 1 Yes (203)
- 2 No
- 7 Don't know/Not sure
- 9 Refused

3. Have you had shortness of breath either when hurrying on the level or walking up a slight hill? (204)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

4. Have you ever been given a breathing test to diagnose breathing problems?

- 1 Yes (205)
- 2 No
- 7 Don't know/Not sure
- 9 Refused

5. Over your lifetime, how many years have you smoked tobacco products? (206-207)

- __ Number of years (01-76)
- 88 Never smoked or less than one year
- 77 Don't know/Not sure
- 99 Refused

Module 4: Lung Cancer Screening

1. How old were you when you first started to smoke cigarettes regularly? (208-209)

- __ Age in Years
- 07 Don't know/Not sure
- 09 Refused

Interviewer Note 1: Regularly is at least one cigarette or more each day.

2. How old were you when you last smoked cigarettes regularly? (210-211)

- __ Age in Years
- 07 Don't know/Not sure
- 09 Refused

Interviewer Note 1: Regularly is at least one cigarette or more each day.

3. On average, when you {smoke/smoked} regularly, about how many cigarettes {do/did} you usually smoke each day? (212-213)

- __ Number of cigarettes
- 07 Don't know/Not sure
- 09 Refused

Interviewer Note 1: Regularly is at least one cigarette or more each day.

Interviewer Note 2: Respondents may answer in packs instead of number of cigarettes.

Below is a conversion table:

0.5 pack = 10 cigarettes	1.75 pack = 35 cigarettes
0.75 pack = 15 cigarettes	2 packs = 40 cigarettes
1 pack = 20 cigarettes	2.5 packs = 50 cigarettes
1.25 pack = 25 cigarettes	3 packs = 60 cigarettes
1.5 pack = 30 cigarettes	

4. The next question is about CT or CAT scans. During this test, you lie flat on your back on a table. While you hold your breath, the table moves through a donut shaped x-ray machine while the scan is done.

In the last 12 months, did you have a CT or CAT scan of your chest area to check or screen for lung cancer?

(214)

- 1 Yes, to check for lung cancer
- 2 No, had a CT scan, but for some other reason
- 3 No, did not have a CT scan
- 4 No, had a test, but not sure what type
- 5 No, not sure of the reason for the test
- 7 Don't know/Not sure
- 9 Refused

Module 5: Marijuana

1. During the past 30 days, on how many days did you use marijuana or hashish?

(215-216)

-- (1-30) Number of Days

8 8 None (0 days) [skip to next module]

7 7 Don't know/not sure [skip to next module]

9 9 Refused

2. *[Asked only of current marijuana users]* During the past 30 days, what was the primary mode you used marijuana? Please select one. Did you... (217)

- 1 Smoke it, for example, in a joint, bong, pipe, or blunt.

- 2 Eat it, for example, in brownies, cakes, cookies, or candy.

- 3 Drink it, for example, in tea, cola, or alcohol.

- 4 Vaporize it, for example, in an e-cigarette-like vaporizer or another vaporizing device.

- 5 Dab it, for example, using waxes or concentrates.

- 6 Use it some other way.

- 7 Don't know/Not sure

- 9 Refused

Module 6: Sexual Orientation and Gender Identity

The next two questions are about sexual orientation and gender identity.

1. Do you consider yourself to be:

(297)

Please read:

- 1 Lesbian or gay
- 2 Straight, that is not lesbian or gay
- 3 Bisexual

Do not read:

- 4 Other
- 1 Don't know/Not sure
- 9 Refused

2. Do you consider yourself to be transgender?

If yes, ask "Do you consider yourself to be male-to-female, female-to-male, or non-conforming?"

INTERVIEWER NOTE: If asked about definition of transgender:

Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgendered. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.

INTERVIEWER NOTE: If asked about definition of gender non-conforming:

Some people think of themselves as gender **non-conforming** when they do not identify only as a man or only as a woman.

- 1 Yes, Transgender, male-to-female
- 2 Yes, Transgender, female to male
- 3 Yes, Transgender, nonconforming

- 4 No
- 7 Don't know/not sure
- 9 Refused

Module 7: Family Planning

If respondent is female and greater than 50 years of age, has had a hysterectomy, is pregnant, or if respondent is male go to the next module.

1. Did you or your partner do anything the last time you had sex to keep you from getting pregnant?

- 1 Yes
- 2 No [**Go to Q3**]
- 3 No partner/not sexually active [**Go to next module**]
- 4 Same sex partner [**Go to next module**]
- 7 Don't know/Not sure [**Go to Q3**]
- 9 Refused [**Go to Q3**]

2. What did you or your partner do the last time you had sex to keep you from getting pregnant?

Interviewer note: If respondent reports using MORE THAN ONE method, please code the method that occurs first on the list.

Interviewer note: If respondent reports using "condoms," probe to determine if "female condoms" or male condoms."

Interviewer note: If respondent reports using an "IUD" probe to determine if "levonorgestrel IUD" or "copper-bearing IUD."

Interviewer note: If respondent reports "other method," ask respondent to "please specific" and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

Read only if necessary:

(225-226)

- 01 Female sterilization (ex. Tubal ligation, Essure, Adiana) **[go to next module]**
- 02 Male sterilization (vasectomy) **[go to next module]**
- 03 Contraceptive implant (ex. Implanon) **[go to next module]**
- 04 Levonorgestrel (LNG) or hormonal IUD (ex. Mirena) **[go to next module]**
- 05 Copper-bearing IUD (ex. ParaGard) **[go to next module]**
- 06 IUD, type unknown **[go to next module]**
- 07 Shots (ex. Depo-Provera) **[go to next module]**
- 08 Birth control pills, any kind **[go to next module]**
- 09 Contraceptive patch (ex. Ortho Evra) **[go to next module]**
- 10 Contraceptive ring (ex. NuvaRing) **[go to next module]**
- 11 Male condoms **[go to next module]**
- 12 Diaphragm, cervical cap, sponge **[go to next module]**
- 13 Female condoms **[go to next module]**
- 14 Not having sex at certain times (rhythm or natural family planning) **[go to next module]**
- 15 Withdrawal (or pulling out) **[go to next module]**
- 16 Foam, jelly, film, or cream **[go to next module]**
- 17 Emergency contraception (morning after pill) **[go to next module]**
- 18 Other method **[go to next module]**

- 77 Don't know/Not sure
- 99 Refused

Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.

3. What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant?

Interviewer note: If respondent reports “other reason,” ask respondent to “please specify” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

Read only if necessary:

- 01 You didn't think you were going to have sex/no regular partner [go to next module]
- 02 You just didn't think about it [go to next module]
- 03 Don't care if you get pregnant [go to next module]
- 04 You want a pregnancy [go to next module]
- 05 You or your partner don't want to use birth control [go to next module]
- 06 You or your partner don't like birth control/side effects [go to next module]
- 07 You couldn't pay for birth control [go to next module]
- 08 You had a problem getting birth control when you needed it [go to next module]
- 09 Religious reasons [go to next module]
- 10 Lapse in use of a method [go to next module]
- 11 Don't think you or your partner can get pregnant (infertile or too old) [go to next module]
- 12 You had tubes tied (sterilization) [go to next module]
- 13 You had a hysterectomy [go to next module]
- 14 Your partner had a vasectomy (sterilization) [go to next module]
- 15 You are currently breast-feeding [go to next module]
- 16 You just had a baby/postpartum [go to next module]
- 17 You are pregnant now [go to next module]
- 18 Same sex partner [go to next module]
- 19 Other reasons [go to next module]

- 77 Don't know/Not sure
- 99 Refused