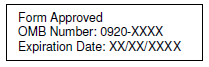
## Attachment R-1. Online follow-up survey for Z-CAN patients (6-month survey and 12-month survey version a – for respondents to the 6-month survey)



***Note to Reviewers:*** *This is a web-based survey. The patient’s Z-CAN ID will be embedded in the backend of the survey (not visible to the participant) to allow for linking of 6 month and 12 month survey results and programmatic data from the same participant. All skip patterns will be programmed into the survey which will minimize survey completion time.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Online No.** | **No.** | **Question** | **Coding** | **Skip to No.** |
| **1** | **1** | What is your current relationship status? | Single/never married 1  Partner (not cohabiting) 2  Cohabiting (not married) 3  Married 4  Separated/Divorced 5  Widowed 6 |  |
| **2** | **2** | During the past 12 months, have you had trouble paying for any of the following? (check all that apply) | Transportation 1  Housing 2  Medical care or medicine 3  Food 4  None of the above 5 |  |
| **3** | **3** | Do you want to prevent pregnancy now? | No 1  Yes 2 | **1🡪5** |
| **4** | **4** | What is the main reason you want to prevent pregnancy now? *(Select one)* | I cannot afford to have a baby (or another baby) now 1  I don’t want to have a baby now 2  I don’t want to get pregnant now because I am worried about Zika virus 3  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4 |  |
| **5** | **5** | In the past 6 months, have you been pregnant? | No 1  Yes 2  Don’t know 3 | **1🡪11**  **3🡪11** |
| **6** | **6** | How many times in the past 6 months have you been pregnant? | ----- times |  |
| **7** | **7** | Are you pregnant right now? | No 1  Yes 2  Don’t know 3 |  |
|  |  | ***The next few questions ask about pregnancies you have had in the past 6 months. If you were pregnant more than once in the past 6 months, please respond about your most recent pregnancy.*** | | |
| **8** | **8** | Thinking back to just before you got pregnant, how did you feel about becoming pregnant? | I wanted to be pregnant later 1  I wanted to be pregnant sooner 2  I wanted to be pregnant then 3  I didn’t want to be pregnant then or at any time in the future 4  I wasn’t sure what I wanted 5 |  |
| **9** | **9** | When you got pregnant, were you or your husband or partner doing anything to keep from getting pregnant?*Some things people do to keep from getting pregnant include having their using birth control pills, implants, condoms, withdrawal, or natural family planning.* | No 1  Yes 2 | **1🡪11** |
| **10** | **10** | What method of birth control were you using when you got pregnant?Check ALL that apply | IUD (Mirena, ParaGard, Liletta, or Skyla ) 1  Contraceptive implant (Nexplanon) 2  Shots or injections (Depo-Provera) 3  Birth control pills 4  Contraceptive patch (Xulane) or vaginal ring (NuvaRing) 5  Condoms 6  Natural family planning (including rhythm method) 7  Withdrawal (pulling out) 8  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9 |  |
| **11** | **11** | In the next 6 months, how would you feel if you got pregnant? | Very upset 1  Somewhat upset 2  Indifferent or don’t care 3  Somewhat pleased 4  Very pleased 5  Don’t know 6 |  |
|  | ***The next questions ask about birth control methods you are using now or used in the past 6 months, even if it was for a short time.*** | | | |
| **12** | **12** | Are you using any of these methods of birth control **now**? *(Select one)*  ***Note-survey will skip to appropriate ‘current’ section for methods marked ‘yes’*** | Hormonal IUD (Mirena, Skyla, Liletta)  No 1  Yes 2  Copper IUD (ParaGard)  No 1  Yes 2  Implant (Nexplanon)  No 1  Yes 2  Contraceptive shot (DepoProvera)  No 1  Yes 2  Birth control pills  No 1  Yes 2  Contraceptive ring (Nuvaring)  No 1  Yes 2  Contraceptive patch (Xulane)  No 1  Yes 2 | **2🡪LNG-IUD current**  **2🡪Cu-IUD current**  **2🡪Implant current**  **2🡪Depo current**  **2🡪Pills current**  **2🡪Ring current**  **2🡪Patch current** |
| **52**  **61**  **70**  **77**  **83**  **92**  **100** | **13** | Did you use any of these methods of birth control during the past 6 months, but you are **not** using it now? *(select all that apply)*  ***Note- Survey will skip to section for each methods marked ‘yes’. After those sections are completed, will skip to ‘Condom’ section***  ***Note- if no to all methods, will skip to ‘Condom’ section.*** | Hormonal IUD (Mirena, Skyla, Liletta)  No 1  Yes 2  Copper IUD (ParaGard)  No 1  Yes 2  Implant (Nexplanon)  No 1  Yes 2  Contraceptive shot (DepoProvera)  No 1  Yes 2  Birth control pills  No 1  Yes 2  Contraceptive ring (Nuvaring)  No 1  Yes 2  Contraceptive patch (Xulane)  No 1  Yes 2 | **2🡪LNG-IUD past**  **2🡪Cu-IUD past**  **2🡪Implant past**  **2🡪Depo past**  **2🡪Pills past**  **2🡪Ring past**  **2🡪Patch past**  **If 1 to ALL🡪**  **Condom** |
|  | **LNG-IUD--Current (*Note- These headings will not be visible to the participant*)** | | | |
| **13** | **14** | When did you start using the hormonal IUD (Mirena, Skyla, Liletta)? | MM / YYYY |  |
| **14** | **15** | In the past 6 months, how satisfied have you been with your hormonal IUD? | Very satisfied 1  Somewhat satisfied 2  Not satisfied 3 | **1🡪17** |
| **15** | **16** | What are the main reasons you have not been very satisfied with your hormonal IUD? (check all that apply) | I experienced bleeding changes 1  I experienced side effects 2  It caused me pain 3  It was too expensive for me 4  My partner does not want me to use it 5  I want to get pregnant 6  I do not believe it is effective for birth control 7  Other reason (specify): ­­\_\_\_\_ 8 |  |
| **16** | **17** | In the past 6 months, did your hormonal IUD ever completely fall out? | No 1  Yes 2 | **2🡪21** |
| **17** | **18** | In the past 6 months, was your hormonal IUD removed? | No 1  Yes 2 | **1🡪next applicable section** |
| **18** | **19** | Did you pay a Z-CAN provider to have your IUD removed? | No 1  Yes 2  ***if yes, show pop-up screen****:*  You should not have been asked to pay for your IUD removal. If you were asked to pay for a Z-CAN service, you may contact the Z-CAN program at [**encuestazcan@progyn.org**](mailto:encuestazcan@progyn.org) |  |
| **19** | **20** | Why did you have your hormonal IUD removed? (check all that apply) | It was in the wrong place 1  It was falling out 2  I had an infection (e.g. chlamydia, gonorrhea, pelvic inflammatory disease (PID)) ..3  I experienced bleeding changes…...…..4  I experienced side effects……………….5  It caused me pain 6  I wanted to get pregnant………………...7  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8 |  |
| **20** | **21** | When did you have a new hormonal IUD inserted? | MM / YYYY | **next applicable section** |
|  | **LNG-IUD Past** | | | |
| **53** | **22** | When did you start using the hormonal IUD (Mirena, Skyla, Liletta)? | MM / YYYY |  |
| **54** | **23** | In the past 6 months, how satisfied were you with your hormonal IUD (Mirena, Skyla, Liletta)? | Very satisfied 1  Somewhat satisfied 2  Not satisfied 3 | **1🡪25** |
| **55** | **24** | What are the main reasons you were not very satisfied with your hormonal IUD? (check all that apply) | I experienced bleeding changes 1  I experienced side effects 2  It caused me pain 3  It was too expensive for me 4  My partner did not want me to use it 5  I wanted to get pregnant 6  I do not believe it is effective for birth control 7  Other reason (specify): ­­\_\_\_\_\_\_\_\_\_\_ 8 |  |
| **56** | **25** | In the past 6 months, did your hormonal IUD ever completely fall out? | No 1  Yes 2 | **2🡪next applicable section** |
| **57** | **26** | In the past 6 months, was your hormonal IUD removed? | No 1  Yes 2 |  |
| **58** | **27** | Did you pay a Z-CAN provider to have your IUD removed? | No 1  Yes 2  ***if yes, show pop-up screen****:*  You should not have been asked to pay for your IUD removal. If you were asked to pay for a Z-CAN service, you may contact the Z-CAN program at [**encuestazcan@progyn.org**](mailto:encuestazcan@progyn.org) |  |
| **59** | **28** | Did you talk with a Z-CAN provider before you stopped using your hormonal IUD (or had it removed)? | No 1  Yes 2 |  |
| **60** | **29** | Why did you stop using your hormonal IUD (or have it removed)? (check all that apply) | It was in the wrong place………………..1  It was falling out………………………..2  I had an infection (e.g. chlamydia, gonorrhea, pelvic inflammatory disease (PID)) 3  I experienced bleeding changes 4  I experienced side effects 5  It caused me pain 6  It was too expensive for me 7  My partner did not want me to use it 8  I wanted to get pregnant 9  I do not believe it is effective for birth control 10  Healthcare provider recommended I stop using it 11  Other reason (specify): ­­\_\_\_\_\_\_\_ 12 | **next applicable section** |
|  | **Cu-IUD Current** | | | |
| **21** | **30** | When did you start using the copper IUD (ParaGard)? | MM / YYYY |  |
| **22** | **31** | In the past 6 months, how satisfied have you been with your copper IUD? | Very satisfied 1  Somewhat satisfied 2  Not satisfied 3 | **1🡪33** |
| **23** | **32** | What are the main reasons you have not been very satisfied with your copper IUD? (check all that apply) | I experienced bleeding changes 1  I experienced side effects 2  It caused me pain 3  It was too expensive for me 4  My partner does not want me to use it 5  I want to get pregnant 6  I do not believe it is effective for birth control 7  Other reason (specify): ­­\_\_\_\_ 8 |  |
| **24** | **33** | In the past 6 months, did your copper IUD ever completely fall out? | No 1  Yes 2 | **2🡪37** |
| **25** | **34** | In the past 6 months, was your copper IUD removed? | No 1  Yes 2 | **1🡪next applicable section** |
| **26** | **35** | Did you pay a Z-CAN provider to have your IUD removed? | No 1  Yes 2  ***if yes, show pop-up screen****:*  You should not have been asked to pay for your IUD removal. If you were asked to pay for a Z-CAN service, you may contact the Z-CAN program at [**encuestazcan@progyn.org**](mailto:encuestazcan@progyn.org) |  |
| **27** | **36** | Why did you have your copper IUD removed? (check all that apply) | It was in the wrong place 1  It was falling out 2  I had an infection (e.g. chlamydia, gonorrhea, pelvic inflammatory disease (PID)) 3  I experienced bleeding changes …...….4  I experienced side effects……………….5  It caused me pain……...……………...…6  I wanted to get pregnant………………..7  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8 |  |
| **28** | **37** | When did you have a new copper IUD inserted? | MM / YYYY | **next applicable section** |
|  | **CU-IUD Past** | | | |
| **62** | **38** | When did you start using the copper IUD (ParaGard)? | MM / YYYY |  |
| **63** | **39** | In the past 6 months, how satisfied were you with your copper IUD? | Very satisfied 1  Somewhat satisfied 2  Not satisfied 3 | **1🡪38** |
| **64** | **40** | What are the main reasons you were not very satisfied with your copper IUD? (check all that apply) | I experienced bleeding changes 1  I experienced side effects 2  It caused me pain 3  It was too expensive for me 4  My partner did not want me to use it 5  I wanted to get pregnant 6  I do not believe it is effective for birth control 7  Other reason (specify): ­­\_\_\_\_ 8 |  |
| **65** | **41** | In the past 6 months, did your copper IUD ever completely fall out? | No 1  Yes 2 | **2🡪next applicable section** |
| **66** | **42** | In the past 6 months, was your copper IUD removed? | No 1  Yes 2 |  |
| **67** | **43** | Did you pay a Z-CAN provider to have your IUD removed? | No 1  Yes 2  ***if yes, show pop-up screen****:*  You should not have been asked to pay for your IUD removal. If you were asked to pay for a Z-CAN service, you may contact the Z-CAN program at [**encuestazcan@progyn.org**](mailto:encuestazcan@progyn.org) |  |
| **68** | **44** | Did you talk with a Z-CAN provider before you stopped using your copper IUD (or had it removed)? | No 1  Yes 2 |  |
| **69** | **45** | Why did you stop using your copper IUD (or have it removed)? (check all that apply) | It was in the wrong place………………..1  It was falling out………………………….2  I had an infection (e.g. chlamydia, gonorrhea, pelvic inflammatory disease (PID)) 3  I experienced bleeding changes 4  I experienced side effects 5  It caused me pain 6  It was too expensive for me 7  My partner did not want me to use it 8  I want to get pregnant 9  I do not believe it is effective for birth control 10  Healthcare provider recommended I stop using it 11  Other reason (specify): ­­\_\_\_\_\_\_\_ 12 | **next applicable section** |
|  | **Implant-current** | | | |
| **29** | **46** | When did you start using the implant (Nexplanon)? | MM / YYYY |  |
| **30** | **47** | In the past 6 months, how satisfied have you been with your implant?  ***Note- 1,2 will skip to either other methods (past use) or condom section*** | Very satisfied 1  Somewhat satisfied 2  Not satisfied 3 | **1,2🡪next appropriate section** |
| **31** | **48** | What are the main reasons you have not been very satisfied with your implant? (check all that apply) | I experienced bleeding changes 2  I experienced side effects 3  It caused me pain 4  It was too expensive for me 5  My partner does not want me to use it 6  I want to get pregnant 7  I do not believe it is effective for birth control 8  Other reason (specify): ­­\_\_\_\_ 9 | **next applicable section** |
|  | **Implant-past** | | | |
| **71** | **49** | When did you start using the implant (Nexplanon)? | MM / YYYY |  |
| **72** | **50** | In the past 6 months, how satisfied were you with the implant? | Very satisfied 1  Somewhat satisfied 2  Not satisfied 3 | **1🡪52** |
| **73** | **51** | What are the main reasons you were not very satisfied with your implant? (check all that apply) | I experienced bleeding changes 2  I experienced side effects 3  It caused me pain 4  It was too expensive for me 5  My partner did not want me to use it 6  I wanted to get pregnant 7  I do not believe it is effective for birth control 8  Other reason (specify): ­­\_\_\_\_ 9 |  |
| **74** | **52** | Did you pay a Z-CAN provider to have your implant removed? | No 1  Yes 2  ***if yes, show pop-up screen****:*  You should not have been asked to pay for your implant removal. If you were asked to pay for a Z-CAN service, you may contact the Z-CAN program at [**encuestazcan@progyn.org**](mailto:encuestazcan@progyn.org) |  |
| **75** | **53** | Did you talk with a Z-CAN provider before you had your implant removed? | No 1  Yes 2 |  |
| **76** | **54** | Why did you have your implant removed? (check all that apply) | I experienced bleeding changes 1  I experienced side effects 2  It caused me pain 3  It was too expensive for me 4  My partner did not want me to use it 5  I wanted to get pregnant 6  I do not believe it is effective for birth control 7  Healthcare provider recommended I stop using it 8  Other reason (specify): ­­\_\_\_\_\_\_\_\_\_ 9 | **next applicable section** |
|  | **Depo-Current** | | | |
| **32** | **55** | When did you start using the contraceptive shot (Depo Provera)? | MM / YYYY |  |
| **33** | **56** | What was the date of your most recent shot?  *If you do not know the exact date, please provide month and year.* | MM / DD / YYYY |  |
| **34** | **57** | In the past 6 months, how satisfied have you been with the contraceptive shot?  ***Note- 1,2 will skip to either other methods (past use) or condom section*** | Very satisfied 1  Somewhat satisfied 2  Not satisfied 3 | **1,2🡪next appropriate section** |
| **35** | **58** | What are the main reasons you have not been very satisfied with contraceptive shot? (check all that apply) | It is not convenient for me 1  I experienced bleeding changes 2  I experienced side effects 3  It caused me pain 4  It was too expensive for me 5  My partner does not want me to use it 6  I want to get pregnant 7  I do not believe it is effective for birth control 8  Other reason (specify): ­­\_\_\_\_ 9 | **next applicable section** |
|  | **Depo-past** | | | |
| **78** | **59** | When did you start using the contraceptive shot (Depo Provera)? | MM / YYYY |  |
| **79** | **60** | In the past 6 months, how satisfied were you with the contraceptive shot (Depo Provera)? | Very satisfied 1  Somewhat satisfied 2  Not satisfied 3 | **1🡪62** |
| **80** | **61** | What are the main reasons you were not very satisfied with the contraceptive shot? (check all that apply) | It was not convenient for me 1  I experienced bleeding changes 2  I experienced side effects 3  It caused me pain 4  It was too expensive for me 5  My partner did not want me to use it 6  I wanted to get pregnant 7  I do not believe it is effective for birth control 8  Other reason (specify): ­­\_\_\_\_ 9 |  |
| **81** | **62** | Did you talk with a Z-CAN provider before you stopped using the contraceptive shot? | No 1  Yes 2 |  |
| **82** | **63** | Why did you stop using the contraceptive shot? (check all that apply) | It was not convenient for me 1  I experienced bleeding changes 2  I experienced side effects 3  It caused me pain 4  It was too expensive for me 5  My partner did not want me to use it 6  I wanted to get pregnant 7  I do not believe it is effective for birth control 8  Healthcare provider recommended I stop using it 9  I had trouble getting to a Z-CAN clinic for shots 10  Other reason (specify): ­­\_\_\_\_\_\_\_ 11 | **next applicable section** |
|  | **Pill-Current** | | | |
| **36** | **64** | When did you start using the birth control pill? | MM / YYYY |  |
| **37** | **65** | In the past 6 months, how satisfied have you been with the using the birth control pill? | Very satisfied 1  Somewhat satisfied 2  Not satisfied 3 | **1🡪67** |
| **38** | **66** | What are the main reasons you have not been very satisfied using the birth control pill? (check all that apply) | It is not convenient for me 1  I experienced bleeding changes 2  I experienced side effects 3  It caused me pain 4  It was too expensive for me 5  My partner does not want me to use it 6  I want to get pregnant 7  I do not believe it is effective for birth control 8  Other reason (specify): ­­\_\_\_\_ 9 |  |
| **39** | **67** | The last time that you got birth control pills from a Z-CAN provider, how many packs of pills did you receive? | 1 pack 1  2 packs 2  3 packs 3  4-6 packs 4  7-9 packs 5  10-12 packs 6  13 packs 7 |  |
| **40** | **68** | During the past 6 months, how difficult has it been for you to get more pills when you need them? | Not difficult 1  Somewhat difficult 2  Very difficult 3 | **1🡪next applicable section** |
| **41** | **69** | Why was it was difficult for you to get more pills when you needed them?  *Select all that apply* | Distance to the Z-CAN clinic 1  Hard to get to the Z-CAN clinic 2  Remembering to go to the Z-CAN clinic 3  Finding the time to go to the Z-CAN clinic 4  Pills were too expensive 5  Other reason\_\_\_\_\_\_\_\_\_\_\_\_ 6 | **next applicable section** |
|  | **Pill-Past** | | | |
| **84** | **70** | When did you start using the birth control pill? | MM / YYYY |  |
| **85** | **71** | In the past 6 months, how satisfied were you with the using the birth control pill? | Very satisfied 1  Somewhat satisfied 2  Not satisfied 3 | **1🡪73** |
| **86** | **72** | What are the main reasons you were not very satisfied using the birth control pill? (check all that apply) | It was not convenient for me 1  I experienced bleeding changes 2  I experienced side effects 3  It caused me pain 4  It was too expensive for me 5  My partner did not want me to use it 6  I wanted to get pregnant 7  I do not believe it is effective for birth control 8  Other reason (specify): ­­\_\_\_\_ 10 |  |
| **87** | **73** | The last time that you got birth control pills from a Z-CAN provider, how many packs of pills did you receive? | 1 pack 1  2 packs 2  3 packs 3  4-6 packs 4  7-9 packs 5  10-12 packs 6  13 packs 7 |  |
| **88** | **74** | During the past 6 months, how difficult was it for you to get more pills when you need them? | Not difficult 1  Somewhat difficult 2  Very difficult 3 | **1🡪76** |
| **89** | **75** | Why was it was difficult for you to get more pills when you needed them?  *Select all that apply* | Distance to the Z-CAN clinic 1  Hard to get to the Z-CAN clinic 2  Remembering to go to the Z-CAN clinic 3  Finding the time to go to the Z-CAN clinic 4  Pills were too expensive 5  Other reason\_\_\_\_\_\_\_\_\_\_\_\_ 6 |  |
| **90** | **76** | Did you talk with a Z-CAN provider before you stopped using the pill? | No 1  Yes 2 |  |
| **91** | **77** | Why did you stop using the birth control pill? (check all that apply) | It was not convenient for me 1  I experienced bleeding changes 2  I experienced side effects 3  It caused me pain 4  It was too expensive for me 5  My partner did not want me to use it 6  I wanted to get pregnant 7  I do not believe it is effective for birth control 8  Healthcare provider recommended I stop using it 9  Too hard to remember to take a pill every day 10  Too hard to get pills from Z-CAN clinic 11  Other reason (specify): \_\_\_\_ 12 | **next applicable section** |
|  | **Ring-Current** | | | |
| **42** | **78** | When did you start using the ring (Nuvaring)? | MM / YYYY |  |
| **43** | **79** | In the past 6 months, how satisfied have you been with the ring? | Very satisfied 1  Somewhat satisfied 2  Not satisfied 3 | **1🡪81** |
| **44** | **80** | What are the main reasons you have not been very satisfied with the ring? (check all that apply) | It is not convenient for me 1  I experienced bleeding changes 2  I experienced side effects 3  It caused me pain 4  It was too expensive for me 5  My partner does not want me to use it 6  I want to get pregnant 7  I do not believe it is effective for birth control 8  Other reason (specify): ­­\_\_\_\_ 9 |  |
| **45** | **81** | During the past 6 months, how hard has it been for you to get more rings when you need them?  ***Note- 1 will skip to either other methods (past use) or condom section*** | Not difficult 1  Somewhat difficult 2  Very difficult 3 | **1🡪next appropriate section** |
| **46** | **82** | Why has it been was difficult for you to get more rings when you needed them?  *Select all that apply* | Distance to the Z-CAN clinic 1  Hard to get to the Z-CAN clinic 2  Remembering to go to the Z-CAN clinic 3  Finding the time to go to the Z-CAN clinic 4  The ring is too expensive 5  Other reason\_\_\_\_\_\_\_\_\_\_\_\_ 6 | **next applicable section** |
|  | **Ring-Past** | | | |
| **93** | **83** | When did you start using the ring (Nuvaring)? | MM / YYYY |  |
| **94** | **84** | In the past 6 months, how satisfied were you with the ring? | Very satisfied 1  Somewhat satisfied 2  Not satisfied 3 | **1🡪86** |
| **95** | **85** | What are the main reasons you were not very satisfied with the ring? (check all that apply) | It was not convenient for me 1  I experienced bleeding changes 2  I experienced side effects 3  It caused me pain 4  It was too expensive for me 5  My partner did not want me to use it 6  I wanted to get pregnant 7  I do not believe it is effective for birth control 8  Other reason (specify): ­­\_\_\_\_ 9 |  |
| **96** | **86** | During the past 6 months, how hard was it for you to get more rings when you need them? | Not difficult 1  Somewhat difficult 2  Very difficult 3 | **1🡪88** |
| **97** | **87** | Why was it difficult for you to get more rings when you needed them?  *Select all that apply* | Distance to the Z-CAN clinic 1  Hard to get to the Z-CAN clinic 2  Remembering to go to the Z-CAN clinic 3  Finding the time to go to the Z-CAN clinic 4  The ring is too expensive 5  Other reason\_\_\_\_\_\_\_\_\_\_\_\_ 6 |  |
| **98** | **88** | Did you talk with a Z-CAN provider before you stopped using the ring? | No 1  Yes 2 |  |
| **99** | **89** | Why did you stop using the ring? (check all that apply) | It was not convenient for me 1  I experienced bleeding changes 2  I experienced side effects 3  It caused me pain 4  It was too expensive for me 5  My partner did not want me to use it 6  I wanted to get pregnant 7  I do not believe it is effective for birth control 8  Healthcare provider recommended I stop using it 9  It was difficult to use/insert 10  Too hard to get rings from Z-CAN clinic 11  Other reason (specify): \_\_\_\_ 12 | **next applicable section** |
|  | **Patch-Current** | | | |
| **47** | **90** | When did you start using the patch? | MM / YYYY |  |
| **48** | **91** | In the past 6 months, how satisfied have you been with the patch? | Very satisfied 1  Somewhat satisfied 2  Not satisfied 3 | **1🡪93** |
| **49** | **92** | What are the main reasons you have not been very satisfied with the patch? (check all that apply) | It is not convenient for me 1  I experienced bleeding changes 2  I experienced side effects 3  It caused me pain 4  It was too expensive for me 5  My partner does not want me to use it 6  I want to get pregnant 7  I do not believe it is effective for birth control 8  Other reason (specify): ­­\_\_\_\_ 9 |  |
| **50** | **93** | During the past 6 months, how hard has it been for you to get more patches when you need them?  ***Note- 1 will skip to either other methods (past use) or condom section*** | Not difficult 1  Somewhat difficult 2  Very difficult 3 | **1🡪next appropriate section** |
| **51** | **94** | Why has it been difficult for you to get more patches when you needed them?  *Select all that apply* | Distance to the Z-CAN clinic 1  Hard to get to the Z-CAN clinic 2  Remembering to go to the Z-CAN clinic 3  Finding the time to go to the Z-CAN clinic 4  The patch is too expensive 5  Other reason\_\_\_\_\_\_\_\_\_\_\_\_ 6 | **next applicable section** |
|  | **Patch-Past** | | | |
| **101** | **95** | When did you start using the patch? | MM / YYYY |  |
| **102** | **96** | In the past 6 months, how satisfied were you with the patch? | Very satisfied 1  Somewhat satisfied 2  Not satisfied 3 | **1🡪98** |
| **103** | **97** | What are the main reasons you were not very satisfied with the patch? (check all that apply) | It was not convenient for me 1  I experienced bleeding changes 2  I experienced side effects 3  It caused me pain 4  It was too expensive for me 5  My partner did not want me to use it 6  I wanted to get pregnant 7  I do not believe it is effective for birth control 8  Other reason (specify): ­­\_\_\_\_ 9 |  |
| **104** | **98** | During the past 6 months, how hard was it for you to get more patches when you need them? | Not difficult 1  Somewhat difficult 2  Very difficult 3 |  |
| **105** | **99** | Why was it was difficult for you to get more patches when you needed them?  *Select all that apply* | Distance to the Z-CAN clinic 1  Hard to get to the Z-CAN clinic 2  Remembering to go to the Z-CAN clinic 3  Finding the time to go to the Z-CAN clinic 4  The patch is too expensive 5  Other reason\_\_\_\_\_\_\_\_\_\_\_\_ 6 |  |
| **106** | **100** | Did you talk with a Z-CAN provider before you stopped using the patch? | No 1  Yes 2 |  |
|  | **101** | Why did you stop using the patch? (check all that apply) | It was not convenient for me 1  I experienced bleeding changes 2  I experienced side effects 3  It caused me pain 4  It was too expensive for me 5  My partner did not want me to use it 6  I wanted to get pregnant 7  I do not believe it is effective for birth control 8  Healthcare provider recommended I stop using it 9  It was difficult to use 10  Too hard to get patches from Z-CAN clinic 11  Other reason (specify): \_\_\_\_ 12 | **next applicable section** |
|  | **Condoms** | | | |
| **108** | **102** | During the past 6 months, how often do you and your partner(s) use condoms? | Never 1  Sometimes 2  Most of the time 3  Always 4 | **1🡪104** |
| **109** | **103** | Why do you and your partner(s) use condoms? (select all that apply ) | To prevent sexually transmitted infections (Chlamydia, gonorrhea, HIV, etc) 1  To prevent pregnancy 2  To prevent Zika virus infection 3  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4 |  |
|  | **Other** | | | |
| **110** | **104** | During the past 6 months, did you use any of these other birth control methods? | Withdrawal (pulling out)  No 1  Yes 2  Tubal sterilization (female)  No 1  Yes 2  Vasectomy (male sterilization)  No 1  Yes 2  Rhythm method or fertility awareness  No 1  Yes 2  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No 1  Yes 2 |  |
|  | *Thank you very much for participating in this survey. The information you provide will help the Z-CAN program improve contraception services in Puerto Rico.* | | | |