

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)

Form Approved
 OMB Number: 0920-XXXX
 Expiration Date: XX/XX/XXXX

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/Divorced5 Widowed6	
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?	No1 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 virus3 Other.....4	
5	5	In the past 6 months, have you been	No1	1→11

		pregnant?	Yes2 Don't know.....3	3→11
6	6	How many times in the past 6 months have you been pregnant?	---- times	
7	7	Are you pregnant right now?	No1 Yes2 Don't know.....3	
		<i>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 <u>most recent</u> pregnancy.</i>		
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 then3 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? <i>Some things people do to keep from getting pregnant include having their using birth control pills, implants, condoms, withdrawal, or natural family planning.</i>	No1 Yes2	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 pills4 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 upset1 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 ? (<i>Select one</i>) <i>Note-survey will skip to appropriate 'current' section for methods marked 'yes'</i>	Hormonal IUD (Mirena, Skyla, Liletta) No1 Yes2 Copper IUD (ParaGard) No1 Yes2 Implant (Nexplanon) No1 Yes2 Contraceptive shot (DepoProvera) No1 Yes2 Birth control pills No1 Yes2 Contraceptive ring (Nuvaring) No1 Yes2 Contraceptive patch (Xulane) No1 Yes2	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	13	Did you use any of these methods of birth control during the past 6 months, but you are not using it now? (<i>select all that apply</i>) <i>Note- Survey will skip to section for each methods marked 'yes'. After</i>	Hormonal IUD (Mirena, Skyla, Liletta) No1 Yes2 Copper IUD (ParaGard) No1	2→LNG-IUD past 2→Cu-IUD past

70		<i>those sections are completed, will skip to 'Condom' section</i>	Yes2	
			Implant (Nexplanon)	2→Implant past
			No1	
77			Yes2	
			Contraceptive shot (DepoProvera)	2→Depo past
		No1		
83		Yes2		
		Birth control pills	2→Pills past	
		No1		
		Yes2		
92		Contraceptive ring (Nuvaring)	2→Ring past	
		No1		
		Yes2		
		Contraceptive patch (Xulane)	2→Patch past	
100		No1		
		Yes2		
		<i>Note- if no to all methods, will skip to 'Condom' section.</i>		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 satisfied1 Somewhat satisfied2 Not satisfied3	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 it5 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?	No1 Yes2	2→21
17	18	In the past 6 months, was your hormonal IUD removed?	No1 Yes2	1→next applicable section
18	19	Did you pay a Z-CAN provider to have your IUD removed?	No1 Yes2 <i>if yes, show pop-up screen:</i> 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	
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 satisfied1 Somewhat satisfied2 Not satisfied3	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?	No1 Yes2	2→next applicable section
57	26	In the past 6 months, was your hormonal IUD removed?	No1 Yes2	
58	27	Did you pay a Z-CAN provider to have your IUD removed?	No1 Yes2 <i>if yes, show pop-up screen:</i> 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	
59	28	Did you talk with a Z-CAN provider before you stopped using your hormonal IUD (or had it removed)?	No1 Yes2	
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	next applicable section

			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	
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 satisfied1 Somewhat satisfied2 Not satisfied3	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 it5 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?	No1 Yes2	2→37
25	34	In the past 6 months, was your copper IUD removed?	No1 Yes2	1→next applicable section
26	35	Did you pay a Z-CAN provider to	No1	

		have your IUD removed?	Yes2 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 <u>encuestazcan@progyn.org</u>	
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 changes4 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 satisfied1 Somewhat satisfied2 Not satisfied3	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?	No1 Yes2	2→next applicable section
66	42	In the past 6 months, was your copper IUD removed?	No1 Yes2	
67	43	Did you pay a Z-CAN provider to have your IUD removed?	No1 Yes2 <i>if yes, show pop-up screen:</i> 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	
68	44	Did you talk with a Z-CAN provider before you stopped using your copper IUD (or had it removed)?	No1 Yes2	
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	next applicable section

			Other reason (specify): _____12	
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? <i>Note- 1,2 will skip to either other methods (past use) or condom section</i>	Very satisfied1 Somewhat satisfied2 Not satisfied3	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 it6 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 satisfied1 Somewhat satisfied2 Not satisfied3	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?	No1 Yes2 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	
75	53	Did you talk with a Z-CAN provider before you had your implant removed?	No1 Yes2	
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? <i>If you do not know the exact date, please provide month and year.</i>	MM / DD / YYYY	
34	57	In the past 6 months, how satisfied have you been with the contraceptive shot?	Very satisfied1 Somewhat satisfied2	1,2→next appropriate section

		<i>Note- 1,2 will skip to either other methods (past use) or condom section</i>	Not satisfied3	
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 it6 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 satisfied1 Somewhat satisfied2 Not satisfied3	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?	No1 Yes2	
82	63	Why did you stop using the	It was not convenient for me.....1	next

		contraceptive shot? (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 Healthcare provider recommended I stop using it.....9 I had trouble getting to a Z-CAN clinic for shots.....10 Other reason (specify): _____11	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 satisfied1 Somewhat satisfied2 Not satisfied3	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 it6 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 pack1 2 packs2 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 difficult1 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? <i>Select all that apply</i>	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 satisfied1 Somewhat satisfied2 Not satisfied3	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	1 pack1 2 packs2	

		receive?	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 difficult1 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? <i>Select all that apply</i>	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?	No1 Yes2	
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 clinic11 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 satisfied1 Somewhat satisfied2 Not satisfied3	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 it6 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? <i>Note- 1 will skip to either other methods (past use) or condom section</i>	Not difficult1 Somewhat difficult.....2 Very difficult.....3	1→next appropriate section
46	82	Why has it been difficult for you to get more rings when you needed them? <i>Select all that apply</i>	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 satisfied1 Somewhat satisfied2 Not satisfied3	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 difficult1 Somewhat difficult.....2 Very difficult.....3	1→88
97	87	Why was it difficult for you to get more rings when you needed them? <i>Select all that apply</i>	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?	No1 Yes2	
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	next applicable section

			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 clinic11 Other reason (specify): ____12	
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 satisfied1 Somewhat satisfied2 Not satisfied3	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 it6 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? <i>Note- 1 will skip to either other methods (past use) or condom section</i>	Not difficult1 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? <i>Select all that apply</i>	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	next applicable section

			The patch is too expensive.....5 Other reason _____.....6	
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 satisfied1 Somewhat satisfied2 Not satisfied3	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 difficult1 Somewhat difficult.....2 Very difficult.....3	
105	99	Why was it was difficult for you to get more patches when you needed them? <i>Select all that apply</i>	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?	No1 Yes2	
	101	Why did you stop using the patch?	It was not convenient for me.....1	next

		(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 Healthcare provider recommended I stop using it.....9 It was difficult to use.....10 Too hard to get patches from Z-CAN clinic11 Other reason (specify): ____12	applicable section
Condoms				
108	102	During the past 6 months, how often do you and your partner(s) use condoms?	Never1 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) No1 Yes2 Tubal sterilization (female) No1 Yes2 Vasectomy (male sterilization) No1	

			Yes 2 Rhythm method or fertility awareness No 1 Yes 2 Other _____ No 1 Yes 2	
	<i>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.</i>			