## Attachment Q-3. Online follow-up survey for Z-CAN patients (12-month survey version b – for non-respondents to the 6-month survey)



|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Question** | **Coding**  | **Skip** |
| **1** | What is your current relationship status? | Single/never married 1Partner (not cohabiting) 2Cohabiting (not married) 3Married 4Separated/Divorced 5Widowed 6 |  |
| **2** | During the past 12 months, have you had trouble paying for any of the following? (check all that apply) | Transportation 1Housing 2Medical care or medicine 3Food 4None of the above 5 |  |
| **3** | Do you want to prevent pregnancy now? | No 1Yes 2 | **1🡪5** |
| **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 1I don’t want to have a baby now 2I don’t want to get pregnant now because I am worried about Zika virus 3Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4 |  |
| **5** | In the past 12 months, have you been pregnant?  | No 1Yes 2Don’t know 3 | **1🡪11****3🡪11** |
| **6** | How many times in the past 12 months have you been pregnant?  | ----- times |  |
| **7** | Are you pregnant right now? | No 1Yes 2Don’t know 3 |  |
|  | ***The next few questions ask about pregnancies you have had in the past 12 months. If you were pregnant more than once in the past 12 months, please respond about your most recent pregnancy.*** |
| **8** | Thinking back to just before you got pregnant, how did you feel about becoming pregnant?  | I wanted to be pregnant later 1I wanted to be pregnant sooner 2I wanted to be pregnant then 3I didn’t want to be pregnant then or at any time in the future 4I wasn’t sure what I wanted 5 |  |
| **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 1Yes 2 | **1🡪11** |
| **10** | What method of birth control were you using when you got pregnant?Check ALL that apply | IUD (Mirena, ParaGard, Liletta, or Skyla ) 1Contraceptive implant (Nexplanon) 2Shots or injections (Depo-Provera) 3Birth control pills 4Contraceptive patch (Xulane) or vaginal ring (NuvaRing) 5Condoms 6Natural family planning (including rhythm method) 7Withdrawal (pulling out) 8Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9 |  |
| **11** | In the next 6 months, how would you feel if you got pregnant?  | Very upset 1Somewhat upset 2Indifferent or don’t care 3Somewhat pleased 4Very pleased 5Don’t know 6 |  |
| ***The next questions ask about birth control methods you are using now or used in the past 12 months, even if it was for a short time.*** |
| **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 2Copper IUD (ParaGard) No 1 Yes 2Implant (Nexplanon) No 1 Yes 2Contraceptive shot (DepoProvera) No 1 Yes 2Birth control pills No 1 Yes 2Contraceptive ring (Nuvaring) No 1 Yes 2Contraceptive 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** |
| **13** | Did you use any of these methods of birth control during the past 12 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 2Copper IUD (ParaGard) No 1 Yes 2Implant (Nexplanon) No 1 Yes 2Contraceptive shot (DepoProvera) No 1 Yes 2Birth control pills No 1 Yes 2Contraceptive ring (Nuvaring) No 1 Yes 2Contraceptive 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*)** |
| **14** | When did you start using the hormonal IUD (Mirena, Skyla, Liletta)? | MM / YYYY |  |
| **15** | In the past 12 months, how satisfied have you been with your hormonal IUD?  | Very satisfied 1Somewhat satisfied 2Not satisfied 3 | **1🡪17** |
| **16** | What are the main reasons you have not been very satisfied with your hormonal IUD? (check all that apply)  | I experienced bleeding changes 1I experienced side effects 2It caused me pain 3It was too expensive for me 4My partner does not want me to use it 5I want to get pregnant 6I do not believe it is effective for birth control 7Other reason (specify): ­­\_\_\_\_ 8 |  |
| **17** | In the past 12 months, did your hormonal IUD ever completely fall out? | No 1 Yes 2 | **2🡪21** |
| **18** | In the past 12 months, was your hormonal IUD removed? |  No 1 Yes 2 | **1🡪next applicable section** |
| **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**         |  |
| **20** | Why did you have your hormonal IUD removed? (check all that apply) | It was in the wrong place 1It was falling out 2I had an infection (e.g. chlamydia, gonorrhea, pelvic inflammatory disease (PID)) 3I experienced bleeding changes………..4I experienced side effects……………….5It caused me pain..……………………..6 I wanted to get pregnant………………...7Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8 |  |
| **21** | When did you have a new hormonal IUD inserted? | MM / YYYY | **next applicable section** |
| **LNG-IUD Past** |
| **22** | When did you start using the hormonal IUD (Mirena, Skyla, Liletta)? | MM / YYYY |  |
| **23** | In the past 12 months, how satisfied were you with your hormonal IUD (Mirena, Skyla, Liletta)?  | Very satisfied 1Somewhat satisfied 2Not satisfied 3 | **1🡪25** |
| **24** | What are the main reasons you were not very satisfied with your hormonal IUD? (check all that apply) | I experienced bleeding changes 1I experienced side effects 2It caused me pain 3It was too expensive for me 4My partner did not want me to use it 5I wanted to get pregnant 6I do not believe it is effective for birth control 7Other reason (specify): ­­\_\_\_\_ 8 |  |
| **25** | In the past 12 months, did your hormonal IUD ever completely fall out? | No 1 Yes 2 | **2🡪next applicable section** |
| **26** | In the past 12 months, was your hormonal IUD removed? |  No 1 Yes 2 |  |
| **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**         |  |
| **28** | Did you talk with a Z-CAN provider before you stopped using your hormonal IUD (or had it removed)?  |  No 1 Yes 2 |  |
| **29** | Why did you stop using your hormonal IUD (or have it removed)? (check all that apply)  | It was in the wrong place………………..1It was falling out…………………………..2I had an infection (e.g. chlamydia, gonorrhea, pelvic inflammatory disease (PID)) 3I experienced bleeding changes 4I experienced side effects 5It caused me pain 6It was too expensive for me 7My partner did not want me to use it 8I wanted to get pregnant 9I do not believe it is effective for birth control 10Healthcare provider recommended I stop using it 11Other reason (specify): ­­\_\_\_\_\_\_\_ 12 | **next applicable section** |
| **Cu-IUD Current** |
| **30** | When did you start using the copper IUD (ParaGard)? | MM / YYYY |  |
| **31** | In the past 12 months, how satisfied have you been with your copper IUD?  | Very satisfied 1Somewhat satisfied 2Not satisfied 3 | **1🡪33** |
| **32** | What are the main reasons you have not been very satisfied with your copper IUD? (check all that apply)  | I experienced bleeding changes 1I experienced side effects 2It caused me pain 3It was too expensive for me 4My partner does not want me to use it 5I want to get pregnant 6I do not believe it is effective for birth control 7Other reason (specify): ­­\_\_\_\_ 8 |  |
| **33** | In the past 12 months, did your copper IUD ever completely fall out? | No 1 Yes 2 | **2🡪37** |
| **34** | In the past 12 months, was your copper IUD removed? |  No 1 Yes 2 | **1🡪next applicable section** |
| **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**         |  |
| **36** | Why did you have your copper IUD removed? (check all that apply)  | It was in the wrong place 1It was falling out 2 I had an infection (e.g. chlamydia, gonorrhea, pelvic inflammatory disease (PID)) 3I experienced bleeding changes ………..4I experienced side effects……………….5It caused me pain…………………………6I wanted to get pregnant………………..7Other\_\_\_\_\_\_\_\_\_\_\_\_ 8 |  |
| **37** | When did you have a new copper IUD inserted? | MM / YYYY | **next applicable section** |
| **CU-IUD Past** |
| **38** | When did you start using the copper IUD (ParaGard)? | MM / YYYY |  |
| **39** | In the past 12 months, how satisfied were you with your copper IUD?  | Very satisfied 1Somewhat satisfied 2Not satisfied 3 | **1🡪38** |
| **40** | What are the main reasons you were not very satisfied with your copper IUD? (check all that apply) | I experienced bleeding changes 1I experienced side effects 2It caused me pain 3It was too expensive for me 4My partner did not want me to use it 5I wanted to get pregnant 6I do not believe it is effective for birth control 7Other reason (specify): ­­\_\_\_\_ 8 |  |
| **41** | In the past 12 months, did your copper IUD ever completely fall out? | No 1 Yes 2 | **2🡪next applicable section** |
| **42** | In the past 12 months, was your copper IUD removed? |  No 1 Yes 2 |  |
| **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**         |  |
| **44** | Did you talk with a Z-CAN provider before you stopped using your copper IUD (or had it removed)?  |  No 1 Yes 2 |  |
| **45** | Why did you stop using your copper IUD (or have it removed)? (check all that apply)  | It was in the wrong place………………..1It was falling out………………………….2I had an infection (e.g. chlamydia, gonorrhea, pelvic inflammatory disease (PID)) 3I experienced bleeding changes 4I experienced side effects 5It caused me pain 6It was too expensive for me 7My partner did not want me to use it 8I want to get pregnant 9I do not believe it is effective for birth control 10Healthcare provider recommended I stop using it 11Other reason (specify): ­­\_\_\_\_\_\_\_ 12 | **next applicable section** |
| **Implant-current** |
| **46** | When did you start using the implant (Nexplanon)? | MM / YYYY |  |
| **47** | In the past 12 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 1Somewhat satisfied 2Not satisfied 3 | **1,2🡪next appropriate section** |
| **48** | What are the main reasons you have not been very satisfied with your implant? (check all that apply) | I experienced bleeding changes 2I experienced side effects 3It caused me pain 4It was too expensive for me 5My partner does not want me to use it 6I want to get pregnant 7I do not believe it is effective for birth control 8Other reason (specify): ­­\_\_\_\_ 9 | **next applicable section** |
| **Implant-past** |
| **49** | When did you start using the implant (Nexplanon)? | MM / YYYY |  |
| **50** | In the past 12 months, how satisfied were you with the implant? | Very satisfied 1Somewhat satisfied 2Not satisfied 3 | **1🡪52** |
| **51** | What are the main reasons you were not very satisfied with your implant? (check all that apply) | I experienced bleeding changes 2I experienced side effects 3It caused me pain 4It was too expensive for me 5My partner did not want me to use it 6I wanted to get pregnant 7I do not believe it is effective for birth control 8Other reason (specify): ­­\_\_\_\_ 9 |  |
| **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**         |  |
| **53** | Did you talk with a Z-CAN provider before you had your implant removed?  |  No 1 Yes 2 |  |
| **54** | Why did you have your implant removed? (check all that apply)  | I experienced bleeding changes 1I experienced side effects 2It caused me pain 3It was too expensive for me 4My partner did not want me to use it 5I wanted to get pregnant 6I do not believe it is effective for birth control 7Healthcare provider recommended I stop using it 8Other reason (specify): ­­\_\_\_\_\_\_\_\_\_ 9 | **next applicable section** |
| **Depo-Current** |
| **55** | When did you start using the contraceptive shot (Depo Provera)? | MM / YYYY |  |
| **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 |  |
| **57** | In the past 12 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 1Somewhat satisfied 2Not satisfied 3 | **1,2🡪next appropriate section** |
| **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 1I experienced bleeding changes 2I experienced side effects 3It caused me pain 4It was too expensive for me 5My partner does not want me to use it 6I want to get pregnant 7I do not believe it is effective for birth control 8Other reason (specify): ­­\_\_\_\_ 9 | **next applicable section** |
| **Depo-past** |
| **59** | When did you start using the contraceptive shot (Depo Provera)? | MM / YYYY |  |
| **60** | In the past 12 months, how satisfied were you with the contraceptive shot (Depo Provera)? | Very satisfied 1Somewhat satisfied 2Not satisfied 3 | **1🡪62** |
| **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 1I experienced bleeding changes 2I experienced side effects 3It caused me pain 4It was too expensive for me 5My partner did not want me to use it 6I wanted to get pregnant 7I do not believe it is effective for birth control 8Other reason (specify): ­­\_\_\_\_ 9 |  |
| **62** | Did you talk with a Z-CAN provider before you stopped using the contraceptive shot?  |  No 1 Yes 2 |  |
| **63** | Why did you stop using the contraceptive shot? (check all that apply)  | It was not convenient for me 1I experienced bleeding changes 2I experienced side effects 3It caused me pain 4It was too expensive for me 5My partner did not want me to use it 6I wanted to get pregnant 7I do not believe it is effective for birth control 8Healthcare provider recommended I stop using it 9I had trouble getting to a Z-CAN clinic for shots 10Other reason (specify): ­­\_\_\_\_\_\_\_ 11 | **next applicable section** |
| **Pill-Current** |
| **64** | When did you start using the birth control pill? | MM / YYYY |  |
| **65** | In the past 12 months, how satisfied have you been with the using the birth control pill? | Very satisfied 1Somewhat satisfied 2Not satisfied 3 | **1🡪67** |
| **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 1I experienced bleeding changes 2I experienced side effects 3It caused me pain 4It was too expensive for me 5My partner does not want me to use it 6I want to get pregnant 7I do not believe it is effective for birth control 8Other reason (specify): ­­\_\_\_\_ 9 |  |
| **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 12 packs 23 packs 34-6 packs 47-9 packs 510-12 packs 613 packs 7 |  |
| **68** | During the past 12 months, how difficult has it been for you to get more pills when you need them? | Not difficult 1Somewhat difficult 2Very difficult 3 | **1🡪next applicable section** |
| **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 1Hard to get to the Z-CAN clinic 2Remembering to go to the Z-CAN clinic 3Finding the time to go to the Z-CAN clinic 4Pills were too expensive 5Other reason\_\_\_\_\_\_\_\_\_\_\_\_ 6 | **next applicable section** |
| **Pill-Past** |
| **70** | When did you start using the birth control pill? | MM / YYYY |  |
| **71** | In the past 12 months, how satisfied were you with the using the birth control pill? | Very satisfied 1Somewhat satisfied 2Not satisfied 3 | **1🡪73** |
| **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 1I experienced bleeding changes 2I experienced side effects 3It caused me pain 4It was too expensive for me 5My partner did not want me to use it 6I wanted to get pregnant 7I do not believe it is effective for birth control 8Other reason (specify): ­­\_\_\_\_ 10 |  |
| **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 12 packs 23 packs 34-6 packs 47-9 packs 510-12 packs 613 packs 7 |  |
| **74** | During the past 12 months, how difficult was it for you to get more pills when you need them? | Not difficult 1Somewhat difficult 2Very difficult 3 | **1🡪76** |
| **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 1Hard to get to the Z-CAN clinic 2Remembering to go to the Z-CAN clinic 3Finding the time to go to the Z-CAN clinic 4Pills were too expensive 5Other reason\_\_\_\_\_\_\_\_\_\_\_\_ 6 |  |
| **76** | Did you talk with a Z-CAN provider before you stopped using the pill?  |  No 1 Yes 2 |  |
| **77** | Why did you stop using the birth control pill? (check all that apply)  | It was not convenient for me 1I experienced bleeding changes 2I experienced side effects 3It caused me pain 4It was too expensive for me 5My partner did not want me to use it 6I wanted to get pregnant 7I do not believe it is effective for birth control 8Healthcare provider recommended I stop using it 9Too hard to remember to take a pill every day 10Too hard to get pills from Z-CAN clinic 11Other reason (specify): \_\_\_\_ 12 | **next applicable section** |
| **Ring-Current** |
| **78** | When did you start using the ring (Nuvaring)? | MM / YYYY |  |
| **79** | In the past 12 months, how satisfied have you been with the ring? | Very satisfied 1Somewhat satisfied 2Not satisfied 3 | **1🡪81** |
| **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 1I experienced bleeding changes 2I experienced side effects 3It caused me pain 4It was too expensive for me 5My partner does not want me to use it 6I want to get pregnant 7I do not believe it is effective for birth control 8Other reason (specify): ­­\_\_\_\_ 9 |  |
| **81** | During the past 12 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 1Somewhat difficult 2Very difficult 3 | **1🡪next appropriate section** |
| **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 1Hard to get to the Z-CAN clinic 2Remembering to go to the Z-CAN clinic 3Finding the time to go to the Z-CAN clinic 4The ring is too expensive 5Other reason\_\_\_\_\_\_\_\_\_\_\_\_ 6 | **next applicable section** |
| **Ring-Past** |
| **83** | When did you start using the ring (Nuvaring)? | MM / YYYY |  |
| **84** | In the past 12 months, how satisfied were you with the ring? | Very satisfied 1Somewhat satisfied 2Not satisfied 3 | **1🡪86** |
| **85** | What are the main reasons you were not very satisfied with the ring? (check all that apply) | It was not convenient for me 1I experienced bleeding changes 2I experienced side effects 3It caused me pain 4It was too expensive for me 5My partner did not want me to use it 6I wanted to get pregnant 7I do not believe it is effective for birth control 8Other reason (specify): ­­\_\_\_\_ 9 |  |
| **86** | During the past 12 months, how hard was it for you to get more rings when you need them? | Not difficult 1Somewhat difficult 2Very difficult 3 | **1🡪88** |
| **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 1Hard to get to the Z-CAN clinic 2Remembering to go to the Z-CAN clinic 3Finding the time to go to the Z-CAN clinic 4The ring is too expensive 5Other reason\_\_\_\_\_\_\_\_\_\_\_\_ 6 |  |
| **88** | Did you talk with a Z-CAN provider before you stopped using the ring?  |  No 1 Yes 2 |  |
| **89** | Why did you stop using the ring? (check all that apply)  | It was not convenient for me 1I experienced bleeding changes 2I experienced side effects 3It caused me pain 4It was too expensive for me 5My partner did not want me to use it 6I wanted to get pregnant 7I do not believe it is effective for birth control 8Healthcare provider recommended I stop using it 9It was difficult to use/insert 10Too hard to get rings from Z-CAN clinic 11Other reason (specify): \_\_\_\_ 12 | **next applicable section** |
| **Patch-Current** |
| **90** | When did you start using the patch? | MM / YYYY |  |
| **91** | In the past 12 months, how satisfied have you been with the patch? | Very satisfied 1Somewhat satisfied 2Not satisfied 3 | **1🡪93** |
| **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 1I experienced bleeding changes 2I experienced side effects 3It caused me pain 4It was too expensive for me 5My partner does not want me to use it 6I want to get pregnant 7I do not believe it is effective for birth control 8Other reason (specify): ­­\_\_\_\_ 9 |  |
| **93** | During the past 12 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 1Somewhat difficult 2Very difficult 3 | **1🡪next appropriate section** |
| **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 1Hard to get to the Z-CAN clinic 2Remembering to go to the Z-CAN clinic 3Finding the time to go to the Z-CAN clinic 4The patch is too expensive 5Other reason\_\_\_\_\_\_\_\_\_\_\_\_ 6 | **next applicable section** |
| **Patch-Past** |
| **95** | When did you start using the patch? | MM / YYYY |  |
| **96** | In the past 12 months, how satisfied were you with the patch? | Very satisfied 1Somewhat satisfied 2Not satisfied 3 | **1🡪98** |
| **97** | What are the main reasons you were not very satisfied with the patch? (check all that apply) | It was not convenient for me 1I experienced bleeding changes 2I experienced side effects 3It caused me pain 4It was too expensive for me 5My partner did not want me to use it 6I wanted to get pregnant 7I do not believe it is effective for birth control 8Other reason (specify): ­­\_\_\_\_ 9 |  |
| **98** | During the past 12 months, how hard was it for you to get more patches when you need them? | Not difficult 1Somewhat difficult 2Very difficult 3 |  |
| **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 1Hard to get to the Z-CAN clinic 2Remembering to go to the Z-CAN clinic 3Finding the time to go to the Z-CAN clinic 4The patch is too expensive 5Other reason\_\_\_\_\_\_\_\_\_\_\_\_ 6 |  |
| **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 1I experienced bleeding changes 2I experienced side effects 3It caused me pain 4It was too expensive for me 5My partner did not want me to use it 6I wanted to get pregnant 7I do not believe it is effective for birth control 8Healthcare provider recommended I stop using it 9It was difficult to use 10Too hard to get patches from Z-CAN clinic 11Other reason (specify): \_\_\_\_ 12 | **next applicable section** |
| **Condoms** |
| **102** | During the past 12 months, how often do you and your partner(s) use condoms?  | Never 1Sometimes 2Most of the time 3Always 4 | **1🡪104** |
| **103** | Why do you and your partner(s) use condoms? (select all that apply ) | To prevent sexually transmitted infections (Chlamydia, gonorrhea, HIV, etc) 1To prevent pregnancy 2To prevent Zika virus infection 3Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4 |  |
| **Other** |
| **104** | During the past 12 months, did you use any of these other birth control methods? | Withdrawal (pulling out) No 1 Yes 2Tubal sterilization (female) No 1 Yes 2Vasectomy (male sterilization) No 1 Yes 2Rhythm method or fertility awareness No 1 Yes 2Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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.*  |