

ATTACHMENT Q-3. ONLINE FOLLOW-UP SURVEY FOR Z-CAN PATIENTS (12-MONTH SURVEY
VERSION B – FOR NON-RESPONDENTS TO THE 6-MONTH SURVEY)

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

No.	Question	Coding	Skip
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	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	Do you want to prevent pregnancy now?	No1 Yes.....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.....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	In the past 12 months, have you been pregnant?	No1 Yes2 Don't know.....3	1→11 3→11
6	How many times in the past 12 months	----- times	

	have you been pregnant?		
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 12 months. If you were pregnant more than once in the past 12 months, please respond about your most recent pregnancy.</i>		
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	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	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	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 12 months, even if it was for a short time.			
12	Are you using any of these methods of birth control now ? (<i>Select one</i>) Note-survey will skip to appropriate 'current' section for methods marked 'yes'	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
13	Did you use any of these methods of birth control during the past 12 months, but you are not using it now? (<i>select all that apply</i>) Note- Survey will skip to section for each methods marked 'yes'. After those sections are completed, will skip to 'Condom' section	Hormonal IUD (Mirena, Skyla, Liletta) No1 Yes2 Copper IUD (ParaGard) No1 Yes2 Implant (Nexplanon) No1 Yes2	2→LNG-IUD past 2→Cu-IUD past 2→Implant past

		<p>Contraceptive shot (DepoProvera)</p> <p>No1</p> <p>Yes2</p> <p>Birth control pills</p> <p>No1</p> <p>Yes2</p> <p>Contraceptive ring (Nuvaring)</p> <p>No1</p> <p>Yes2</p> <p>Contraceptive patch (Xulane)</p> <p>No1</p> <p>Yes2</p>	<p>2→Depo past</p> <p>2→Pills past</p> <p>2→Ring past</p> <p>2→Patch past</p> <p>If 1 to ALL→ Condom</p>
	<i>Note- if no to all methods, will skip to 'Condom' section.</i>		
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?	<p>Very satisfied1</p> <p>Somewhat satisfied2</p> <p>Not satisfied3</p>	1→17
16	What are the main reasons you have not been very satisfied with your hormonal IUD? (check all that apply)	<p>I experienced bleeding changes.....1</p> <p>I experienced side effects.....2</p> <p>It caused me pain.....3</p> <p>It was too expensive for me.....4</p> <p>My partner does not want me to use it..5</p> <p>I want to get pregnant.....6</p> <p>I do not believe it is effective for birth control.....7</p> <p>Other reason (specify): ____8</p>	
17	In the past 12 months, did your hormonal IUD ever completely fall out?	<p>No1</p> <p>Yes2</p>	2→21
18	In the past 12 months, was your hormonal IUD removed?	No1	1→next applicable

		Yes2	section
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 <u>encuestazcan@progyn.org</u>	
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	
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 satisfied1 Somewhat satisfied2 Not satisfied3	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.....1 I experienced side effects.....2 It caused me pain.....3	

		<p>It was too expensive for me.....4</p> <p>My partner did not want me to use it....5</p> <p>I wanted to get pregnant.....6</p> <p>I do not believe it is effective for birth control.....7</p> <p>Other reason (specify): ____8</p>	
25	In the past 12 months, did your hormonal IUD ever completely fall out?	<p>No1</p> <p>Yes2</p>	2→next applicable section
26	In the past 12 months, was your hormonal IUD removed?	<p>No1</p> <p>Yes2</p>	
27	Did you pay a Z-CAN provider to have your IUD removed?	<p>No1</p> <p>Yes2</p> <p>if yes, show pop-up screen:</p> <p>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></p>	
28	Did you talk with a Z-CAN provider before you stopped using your hormonal IUD (or had it removed)?	<p>No1</p> <p>Yes2</p>	
29	Why did you stop using your hormonal IUD (or have it removed)? (check all that apply)	<p>It was in the wrong place.....1</p> <p>It was falling out.....2</p> <p>I had an infection (e.g. chlamydia, gonorrhea, pelvic inflammatory disease (PID)).....3</p> <p>I experienced bleeding changes.....4</p> <p>I experienced side effects.....5</p> <p>It caused me pain.....6</p> <p>It was too expensive for me.....7</p> <p>My partner did not want me to use it....8</p> <p>I wanted to get pregnant.....9</p> <p>I do not believe it is effective for birth control.....10</p> <p>Healthcare provider recommended I stop using it.....11</p>	next applicable section

		Other reason (specify): _____12	
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 satisfied1 Somewhat satisfied2 Not satisfied3	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.....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	
33	In the past 12 months, did your copper IUD ever completely fall out?	No1 Yes2	2→37
34	In the past 12 months, was your copper IUD removed?	No1 Yes2	1→next applicable section
35	Did you pay a Z-CAN provider to have your IUD removed?	No1 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>	
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	
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 satisfied1 Somewhat satisfied2 Not satisfied3	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.....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	
41	In the past 12 months, did your copper IUD ever completely fall out?	No1 Yes2	2→next applicable section
42	In the past 12 months, was your copper IUD removed?	No1 Yes2	
43	Did you pay a Z-CAN provider to have	No1	

	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 encuestazcan@progyn.org	
44	Did you talk with a Z-CAN provider before you stopped using your copper IUD (or had it removed)?	No1 Yes2	
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			
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? <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
48	What are the main reasons you have not been very satisfied with your implant?	I experienced bleeding changes.....2	next applicable

	(check all that apply)	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	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 satisfied1 Somewhat satisfied2 Not satisfied3	1→52
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	
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 <u>encuestazcan@progyn.org</u>	
53	Did you talk with a Z-CAN provider before you had your implant removed?	No1 Yes2	

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			
55	When did you start using the contraceptive shot (Depo Provera)?	MM / YYYY	
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	
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 satisfied1 Somewhat satisfied2 Not satisfied3	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.....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			
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 satisfied1 Somewhat satisfied2 Not satisfied3	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.....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	
62	Did you talk with a Z-CAN provider before you stopped using the contraceptive shot?	No1 Yes2	
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			
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 satisfied1 Somewhat satisfied2 Not satisfied3	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.....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	
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	
68	During the past 12 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
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 clinic3 Finding the time to go to the Z-CAN clinic4	next applicable section

		Pills were too expensive.....5 Other reason _____.....6	
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 satisfied1 Somewhat satisfied2 Not satisfied3	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.....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	
73	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	
74	During the past 12 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
75	Why was it was difficult for you to get more pills when you needed them?	Distance to the Z-CAN clinic.....1	

	Select all that apply	Hard to get to the Z-CAN clinic.....2 Remembering to go to the Z-CAN clinic3 Finding the time to go to the Z-CAN clinic4 Pills were too expensive.....5 Other reason _____.....6	
76	Did you talk with a Z-CAN provider before you stopped using the pill?	No1 Yes2	
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			
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 satisfied1 Somewhat satisfied2 Not satisfied3	1→81
80	What are the main reasons you have not been very satisfied with the ring? (check	It is not convenient for me.....1 I experienced bleeding changes.....2	

	all that apply)	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	
81	During the past 12 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
82	Why has it been was 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 clinic3 Finding the time to go to the Z-CAN clinic4 The ring is too expensive.....5 Other 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 satisfied1 Somewhat satisfied2 Not satisfied3	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.....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	

		<p>I do not believe it is effective for birth control.....8</p> <p>Other reason (specify): ____9</p>	
86	<p>During the past 12 months, how hard was it for you to get more rings when you need them?</p>	<p>Not difficult1</p> <p>Somewhat difficult.....2</p> <p>Very difficult.....3</p>	1→88
87	<p>Why was it difficult for you to get more rings when you needed them?</p> <p><i>Select all that apply</i></p>	<p>Distance to the Z-CAN clinic.....1</p> <p>Hard to get to the Z-CAN clinic.....2</p> <p>Remembering to go to the Z-CAN clinic3</p> <p>Finding the time to go to the Z-CAN clinic4</p> <p>The ring is too expensive.....5</p> <p>Other reason.....6</p>	
88	<p>Did you talk with a Z-CAN provider before you stopped using the ring?</p>	<p>No1</p> <p>Yes2</p>	
89	<p>Why did you stop using the ring? (check all that apply)</p>	<p>It was not convenient for me.....1</p> <p>I experienced bleeding changes.....2</p> <p>I experienced side effects.....3</p> <p>It caused me pain.....4</p> <p>It was too expensive for me.....5</p> <p>My partner did not want me to use it....6</p> <p>I wanted to get pregnant.....7</p> <p>I do not believe it is effective for birth control.....8</p> <p>Healthcare provider recommended I stop using it.....9</p> <p>It was difficult to use/insert.....10</p> <p>Too hard to get rings from Z-CAN clinic11</p> <p>Other reason (specify): ____12</p>	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 satisfied1 Somewhat satisfied2 Not satisfied3	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.....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	
93	During the past 12 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
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 clinic3 Finding the time to go to the Z-CAN clinic4 The patch is too expensive.....5 Other 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 satisfied1 Somewhat satisfied2 Not satisfied3	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.....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	
98	During the past 12 months, how hard was it for you to get more patches when you need them?	Not difficult1 Somewhat difficult.....2 Very difficult.....3	
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 clinic3 Finding the time to go to the Z-CAN clinic4 The patch is too expensive.....5 Other reason_____.....6	
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? (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	next applicable section

		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	
Condoms			
102	During the past 12 months, how often do you and your partner(s) use condoms?	Never 1 Sometimes.....2 Most of the time.....3 Always.....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)1 To prevent pregnancy.....2 To prevent Zika virus infection.....3 Other_____4	
Other			
104	During the past 12 months, did you use any of these other birth control methods?	Withdrawal (pulling out) No 1 Yes2 Tubal sterilization (female) No 1 Yes2 Vasectomy (male sterilization) No 1 Yes2 Rhythm method or fertility awareness No 1 Yes2 Other _____ No 1 Yes2	

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.