

ATTACHMENT B
Fertility Knowledge Survey: Female and Male Versions

FEMALE QUESTIONNAIRE	MALE QUESTIONNAIRE
<p>INTRODUCTION</p> <p>We are conducting a survey to learn what people your age (15–29 years) know and believe about pregnancy and having children.</p> <p>Some of the survey questions are about sensitive issues like sex, pregnancy, and birth control, and may make you uncomfortable. This survey is confidential, and your answers will be kept private. Your answers to these questions are important to the study. You may skip any questions you do not wish to answer.</p> <p>The survey should take about 20 minutes to complete. We ask you to complete the survey in one sitting, without taking any breaks, if at all possible. Your input is extremely valuable.</p>	<p>INTRODUCTION</p> <p>We are conducting a survey to learn what people your age (15–29 years) know and believe about pregnancy and having children.</p> <p>Some of the survey questions are about sensitive issues like sex, pregnancy, and birth control, and may make you uncomfortable. This survey is confidential, and your answers will be kept private. Your answers to these questions are important to the study. You may skip any questions you do not wish to answer. The survey should take about 20 minutes to complete. We ask you to complete the survey in one sitting, without taking any breaks, if at all possible. Your input is extremely valuable.</p>
<p>SCREENER QUESTIONS</p> <p>S1. What is your sex? By sex we mean the sex you were assigned at birth on your original birth certificate?</p> <ol style="list-style-type: none"> 1. Female 2. Male 	<p>SCREENER QUESTIONS</p> <p>S1. What is your sex? By sex we mean the sex you were assigned at birth on your original birth certificate?</p> <ol style="list-style-type: none"> 1. Female 2. Male
<p>S2. Have you <u>ever</u> had a medical operation or medical procedure that makes it <u>impossible</u> for you to get pregnant and have a baby in the future?</p> <p>Examples of these include having both tubes tied or blocked (tubal sterilization or ligation), removal of uterus or womb (hysterectomy), or removal of <u>both</u> ovaries.</p> <ol style="list-style-type: none"> 1. Yes → TERMINATE 2. No 	<p>SCREENING QUESTIONS</p> <p>S2. Have you ever had a medical operation that makes it impossible for you to get a woman pregnant, such as a vasectomy (cut tubes that carry sperm out of the testicles) ?</p> <ol style="list-style-type: none"> 1. Yes → TERMINATE 2. No
<p>SECTION A. First, we'd like to ask some questions about you.</p> <p>A1. What is your age?</p> <p>ENTER ___ years</p>	<p>SECTION A. First, we'd like to ask some questions about you.</p> <p>A1. What is your age?</p> <p>ENTER ___ years</p>

FEMALE QUESTIONNAIRE	MALE QUESTIONNAIRE
<p>A2. What is the highest grade or year of school you have <u>completed</u>? For example, if you are currently in 11th grade, the <u>highest</u> grade that you have completed is 10th grade.</p> <ol style="list-style-type: none"> 1. Grade 8 or less 2. Grade 9 3. Grade 10 4. Grade 11 5. Grade 12 or GED (High school graduate) 6. Technical school 7. Some college but no degree 8. 2-year college degree (Associate degree) 9. 4-year college degree (Bachelor’s degree) 10. Graduate or professional school 	<p>A2. What is the highest grade or year of school you have <u>completed</u>? For example, if you are currently in 11th grade, the <u>highest</u> grade that you have completed is 10th grade.</p> <ol style="list-style-type: none"> 1. Grade 8 or less 2. Grade 9 3. Grade 10 4. Grade 11 5. Grade 12 or GED (High school graduate) 6. Technical school 7. Some college but no degree 8. 2-year college degree (Associate degree) 9. 4-year college degree (Bachelor’s degree) 10. Graduate or professional school
<p>SECTION B. This section is about fertility. By fertility, we mean the ability of a woman to get pregnant and give birth to a child and the ability of a man to get a woman pregnant.</p> <p>For <u>women</u>, infertility means NOT being able to get pregnant after at least 1 year of trying. Infertility also means the inability to carry a pregnancy to a live birth.</p> <p>For <u>men</u>, infertility means NOT being able to get a woman pregnant after at least 1 year of trying.</p>	<p>SECTION B. This section is about fertility. By fertility, we mean the ability of a woman to get pregnant and give birth to a child and the ability of a man to get a woman pregnant.</p> <p>For <u>women</u>, infertility means NOT being able to get pregnant after at least 1 year of trying. Infertility also means the inability to carry a pregnancy to a live birth.</p> <p>For <u>men</u>, infertility means NOT being able to get a woman pregnant after at least 1 year of trying.</p>
<p>B1.a. Before starting this survey, how much did you know about <u>female fertility</u>?</p> <ol style="list-style-type: none"> 1. Nothing 2. A little 3. A moderate amount 4. A lot 	<p>B1.a. Before starting this survey, how much did you know about <u>female fertility</u>?</p> <ol style="list-style-type: none"> 1. Nothing 2. A little 3. A moderate amount 4. A lot
<p>B1.b. Before starting this survey, how much did you know about <u>male fertility</u>?</p> <ol style="list-style-type: none"> 1. Nothing 2. A little 3. A moderate amount 4. A lot 	<p>B1.b. Before starting this survey, how much did you know about <u>male fertility</u>?</p> <ol style="list-style-type: none"> 1. Nothing 2. A little 3. A moderate amount 4. A lot

B2. Below are some statements about fertility. For each statement, please select **True** or **False**. If you do not know the answer, please select **Don't know**.

	True	False	Don't Know
a. After giving birth, a woman can get pregnant again <u>before</u> her menstrual period returns.			
b. A woman who is breastfeeding <u>cannot</u> get pregnant.			
c. After her mid-30s, a woman's chances of getting pregnant <u>decrease</u> sharply.			
d. A woman's ovaries <u>keep making new eggs</u> from the time she starts having periods until she stops having periods (menopause).			
e. Smoking or exposure to cigarette smoke <u>has no effect</u> on women's fertility.			
f. A woman's weight <u>has no effect</u> on her chances of getting pregnant.			
g. Use of water-based lubricants or "lube" (K-Y Jelly™ or Astroglide®) during vaginal sex increases a woman's chances of getting pregnant. (A lubricant reduces friction and irritation during sex.)			
h. Taking birth control pills for any length of time <u>has no effect</u> on a woman's chances of getting pregnant once she stops taking them.			
i. Difficulty getting pregnant can be caused by problems in the man, the woman, or both the man and the woman.			
j. A doctor would consider a 15 to 29-year-old woman infertile if she had tried to get pregnant but could not after 1 year of regular, unprotected sex. (Unprotected sex is when people do NOT use any birth control method to prevent pregnancy.)			
k. Having a healthy lifestyle (regular exercise and a healthy diet) <u>increases</u> fertility in women and men.			
l. Some sexually transmitted diseases (STDs) <u>can</u> cause infertility in women and men.			
m. A man's age <u>has no effect</u> on his ability to get a woman pregnant.			

B2. Below are some statements about fertility. For each statement, please select **True** or **False**. If you do not know the answer, please select **Don't know**.

	True	False	Don't Know
a. After giving birth, a woman can get pregnant again <u>before</u> her menstrual period returns.			
b. A woman who is breastfeeding <u>cannot</u> get pregnant.			
c. After her mid-30s, a woman's chances of getting pregnant <u>decrease</u> sharply.			
d. A woman's ovaries <u>keep making new eggs</u> from the time she starts having periods until she stops having periods (menopause).			
e. Smoking or exposure to cigarette smoke <u>has no effect</u> on women's fertility.			
f. A woman's weight <u>has no effect</u> on her chances of getting pregnant.			
g. Use of water-based lubricants or "lube" (K-Y Jelly™ or Astroglide®) during vaginal sex increases a woman's chances of getting pregnant. (A lubricant reduces friction and irritation during sex.)			
h. Taking birth control pills for any length of time <u>has no effect</u> on a woman's chances of getting pregnant once she stops taking them.			
i. Difficulty getting pregnant can be caused by problems in the man, the woman, or both the man and the woman.			
j. A doctor would consider a 15 to 29-year-old woman infertile if she had tried to get pregnant but could not after 1 year of regular, unprotected sex. (Unprotected sex is when people do NOT use any birth control method to prevent pregnancy.)			
k. Having a healthy lifestyle (regular exercise and a healthy diet) <u>increases</u> fertility in women and men.			
l. Some sexually transmitted diseases (STDs) <u>can</u> cause infertility in women and men.			
m. A man's age <u>has no effect</u> on his ability to get a woman pregnant.			

FEMALE QUESTIONNAIRE	MALE QUESTIONNAIRE
<p>n. Long-term use of steroids can <u>decrease</u> a man’s ability to get a woman pregnant.</p>	<p>n. Long-term use of steroids can <u>decrease</u> a man’s ability to get a woman pregnant.</p>
<p>o. By frequently wearing tight pants or underwear, a man can <u>reduce</u> his ability to get a woman pregnant.</p>	<p>o. By frequently wearing tight pants or underwear, a man can <u>reduce</u> his ability to get a woman pregnant.</p>
<p>p. Frequent hot tub use can <u>increase</u> a man’s ability to get a woman pregnant.</p>	<p>p. Frequent hot tub use can <u>increase</u> a man’s ability to get a woman pregnant.</p>
<p>B3. If a woman has sex with a man without using any birth control method, at what point in her menstrual cycle is she <u>most</u> likely to get pregnant?</p> <ol style="list-style-type: none"> 1. Right before her period (bleeding) starts 2. During her period 3. Right after her period ends 4. About halfway between two periods 5. It’s all the same 6. Don’t know 	<p>B3. If a woman has sex with a man without using any birth control method, at what point in her menstrual cycle is she <u>most</u> likely to get pregnant?</p> <ol style="list-style-type: none"> 1. Right before her period (bleeding) starts 2. During her period 3. Right after her period ends 4. About halfway between two periods 5. It’s all the same 6. Don’t know
<p>Section C. The next questions are about your views on having children. It doesn’t matter whether you have had any children.</p>	<p>Section C. The next questions are about your views on having children. It doesn’t matter whether you have had any children.</p>
<p>C1. How important is it to you to have one or more children you give birth to?</p> <ol style="list-style-type: none"> 1. Not at all important 2. Slightly important 3. Moderately important 4. Very important 5. Extremely important 6. I have not thought about having children that I give birth to 	<p>C1. How important is it to you to have one or more children that you biologically father? To biologically father a child means that a man has a child by getting a woman pregnant. It does <u>not</u> include adopted or stepchildren.</p> <ol style="list-style-type: none"> 1. Not at all important 2. Slightly important 3. Moderately important 4. Very important 5. Extremely important 6. I have not thought about biologically fathering children
<p>The next four questions ask your opinion on the ideal ages for women and men to give birth to or father their first and last child.</p> <p>We are <u>not</u> asking about the <u>medically</u> ideal ages. Instead, we want your opinion on the <u>socially</u> ideal ages for having children in today’s society. There are <u>no</u> right or wrong answers to these questions.</p>	<p>The next four questions ask your opinion on the ideal ages for women and men to give birth to or father their first and last child.</p> <p>We are <u>not</u> asking about the <u>medically</u> ideal ages. Instead, we want your opinion on the <u>socially</u> ideal ages for having children in today’s society. There are <u>no</u> right or wrong answers to these questions.</p>

FEMALE QUESTIONNAIRE	MALE QUESTIONNAIRE
<p>C2. What do you think is the <u>ideal age</u> at which a <u>woman</u> should give birth to her <u>first child</u>?</p> <ol style="list-style-type: none"> 1. Under 20 2. 20-24 3. 25-29 4. 30-34 5. 35-39 6. 40-44 7. 45 or over 8. There is no ideal age 	<p>C2. What do you think is the <u>ideal age</u> at which a <u>woman</u> should give birth to her <u>first child</u>?</p> <ol style="list-style-type: none"> 1. Under 20 2. 20-24 3. 25-29 4. 30-34 5. 35-39 6. 40-44 7. 45 or over 8. There is no ideal age
<p>C3. What do you think is the <u>ideal age</u> at which a <u>woman</u> should give birth to her <u>last child</u>?</p> <ol style="list-style-type: none"> 1. Under 20 2. 20-24 3. 25-29 4. 30-34 5. 35-39 6. 40-44 7. 45 or over 8. There is no ideal age 	<p>C3. What do you think is the <u>ideal age</u> at which a <u>woman</u> should give birth to her <u>last child</u>?</p> <ol style="list-style-type: none"> 1. Under 20 2. 20-24 3. 25-29 4. 30-34 5. 35-39 6. 40-44 7. 45 or over 8. There is no ideal age
<p>C4. What do you think is the <u>ideal age</u> at which a <u>man</u> should biologically father his <u>first child</u>? To biologically father a child means that a man has a child by getting a woman pregnant. It does <u>not</u> include adopted or stepchildren.</p> <ol style="list-style-type: none"> 1. Under 20 2. 20-24 3. 25-29 4. 30-34 5. 35-39 6. 40-44 7. 45 or over 8. There is no ideal age 	<p>C4. What do you think is the <u>ideal age</u> at which a <u>man</u> should biologically father his <u>first child</u>? (To biologically father a child means that a man has a child by getting a woman pregnant. It does <u>not</u> include adopted or stepchildren.)</p> <ol style="list-style-type: none"> 1. Under 20 2. 20-24 3. 25-29 4. 30-34 5. 35-39 6. 40-44 7. 45 or over 8. There is no ideal age

FEMALE QUESTIONNAIRE	MALE QUESTIONNAIRE
<p>C5. What do you think is the <u>ideal age</u> at which a <u>man</u> should biologically father his <u>last</u> child?</p> <ol style="list-style-type: none"> 1. Under 20 2. 20-24 3. 25-29 4. 30-34 5. 35-39 6. 40-44 7. 45 or over 8. There is no ideal age 	<p>C5. What do you think is the <u>ideal age</u> at which a <u>man</u> should biologically father his <u>last</u> child?</p> <ol style="list-style-type: none"> 1. Under 20 2. 20-24 3. 25-29 4. 30-34 5. 35-39 6. 40-44 7. 45 or over 8. There is no ideal age
<p>SECTION D. The next questions are about your experiences with menstruation, pregnancy, and childbearing. The information you provide is confidential.</p>	<p>SECTION D. The next questions are about your experiences with menstruation, pregnancy, and childbearing. The information you provide is confidential.</p>
<p>D1. How old were you when you had your <u>first</u> menstrual period? If you are not sure, a best guess is fine.</p> <ol style="list-style-type: none"> 1. ENTER ____ years old 2. I haven't had my first period yet [SKIP TO D3] 	<p>D1. FEMALE ONLY</p>
<p>D2. The <u>length</u> of the <u>menstrual cycle</u> is the number of days starting from the first day of your period (when bleeding begins) to the first day of your next period. What is the <u>typical length</u> of your menstrual cycle?</p> <ol style="list-style-type: none"> 1. Less than 21 days 2. 21 to 35 days 3. Longer than 35 days 4. The length varies from month to month 5. I currently do not have a period 6. Don't know 	<p>D2. FEMALE ONLY</p>
<p>D3. Are you pregnant <u>now</u>? If you are not sure, a best guess if fine.</p> <ol style="list-style-type: none"> 1. Yes 2. No 	<p>D3. Do you have a spouse or partner who is pregnant with your baby <u>now</u>? If you don't know or are not sure, a best guess is fine.</p> <ol style="list-style-type: none"> 1. Yes 2. No

FEMALE QUESTIONNAIRE	MALE QUESTIONNAIRE
<p>D4. [IF D3 = 1]: <u>Not including this pregnancy</u>, how many times have you been pregnant <u>in your life</u>? Please count <u>all</u> of your pregnancies, even if they did not result in the birth of a baby.</p> <p>D4. [IF D3 = 2]: How many times have you been pregnant <u>in your life</u>? Please count <u>all</u> of your pregnancies, even if they did not result in the birth of a baby.</p> <p>ENTER ___ number</p> <p>[IF D4 = 0, SKIP TO Section E]</p>	<p>D4. [IF D3 = 1]: <u>Not including this pregnancy</u>, how many times have you have you gotten a woman pregnant <u>in your life</u>? Please count <u>all</u> of your pregnancies, even if they did not result in the birth of a baby. A best guess is fine.</p> <p>D4. [IF D3 = 2]: How many times have you gotten a woman pregnant <u>in your life</u>? Please count <u>all</u> of your pregnancies, even if they did not result in the birth of a baby. A best guess is fine.</p> <p>ENTER ___ number</p> <p>[IF D4 = 0, SKIP TO Section E]</p>
<p>D5. How many children have you ever given birth to?</p> <p>ENTER ___ number</p>	<p>D5. How many children have you ever biologically fathered? (To biologically father a child means that a man has a child by getting a woman pregnant. It does <u>not</u> include adopted or stepchildren)</p> <p>ENTER ___ number</p>
<p>D6. Have you ever gotten pregnant when you did not intend or mean to get pregnant? Please count <u>all</u> of your pregnancies, even if they did not result in the birth of a baby.</p> <p>1. Yes 2. No</p>	<p>D6. Have you ever gotten a woman pregnant when you did not intend or mean to? Please count <u>all</u> of these pregnancies, even if they did not result in the birth of a baby.</p> <p>1. Yes 2. No</p>
<p>SECTION E. In this section, we ask about your relationships.</p>	<p>SECTION E. In this section, we ask about your relationships.</p>
<p>E1. What is your current marital or cohabiting status?</p> <p>1. Married 2. Cohabiting – Not married but living with a partner 3. Separated from my spouse 4. Divorced, annulled, or widowed 5. Never been married---SKIP TO E4</p>	<p>E1. What is your current marital or cohabiting status?</p> <p>1. Married 2. Cohabiting – Not married but living with a partner 3. Separated from my spouse 4. Divorced, annulled, or widowed 5. Never been married---SKIP TO E4</p>

FEMALE QUESTIONNAIRE	MALE QUESTIONNAIRE
<p>E2. [IF E1 = 1 OR 3]: What sex is your spouse? E2. [IF E1 = 2]: What sex is your partner? E2. [IF E1 = 4]: What sex was your (most recent) spouse?</p> <p>1. Male 2. Female 3. Other</p>	<p>E2. [IF E1 = 1 OR 3]: What sex is your spouse? E2. [IF E1 = 2]: What sex is your partner? E2. [IF E1 = 4]: What sex was your (most recent) spouse?</p> <p>1. Male 2. Female 3. Other</p>
<p>E3. [IF E1 = 1 OR 3]: How old were you when you married your spouse? E3. [IF E1 = 4]: How old were you when you married your (most recent) spouse? E3. [IF E1 = 2]: How old were you when you started living with your partner?</p> <p>ENTER ___ years old</p> <p>[IF E1 = 1 OR 2, SKIP TO E7] [IF E1 = 3 OR 4 OR 5, ASK E4]</p>	<p>E3. [IF E1 = 1 OR 3]: How old were you when you married your spouse? E3. [IF E1 = 4]: How old were you when you married your (most recent) spouse? E3. [IF E1 = 2]: How old were you when you started living with your partner?</p> <p>ENTER ___ years old</p> <p>[IF E1 = 1 OR 2, SKIP TO E7] [IF E1 = 3 OR 4 OR 5, ASK E4]</p>
<p>E4. In this survey, a serious committed relationship means that you and your partner have agreed to see only each other and no other romantic partners. This type of relationship may or may not include sexual activity.</p> <p>Are you <u>currently</u> in a serious committed relationship?</p> <p>1. Yes 2. No—SKIP TO SECTION F</p>	<p>E4. In this survey, a serious committed relationship means that you and your partner have agreed to see only each other and no other romantic partners. This type of relationship may or may not include sexual activity.</p> <p>Are you <u>currently</u> in a serious committed relationship?</p> <p>1. Yes 2. No—SKIP TO SECTION F</p>
<p>E5. What sex is your romantic partner?</p> <p>1. Male 2. Female 3. Other</p>	<p>E5. What sex is your romantic partner?</p> <p>1. Male 2. Female 3. Other</p>
<p>E6. How old were you when your current romantic relationship began?</p> <p>ENTER__ years old</p>	<p>E6. How old were you when your current romantic relationship began?</p> <p>ENTER__ years old</p>
<p>E7. [If E1 = 1-2]: How old is your current spouse or partner? [If E4 = 1]: How old is your romantic partner?</p> <p>ENTER__ years old</p>	<p>E7. [If E1 = 1-2]: How old is your current spouse or partner? [If E4 = 1]: How old is your romantic partner?</p> <p>ENTER__ years old</p>

FEMALE QUESTIONNAIRE	MALE QUESTIONNAIRE
<p>SECTION F. The next questions are about your feelings and intentions, if any, about having children that you give birth to in the future. Sometimes what people <u>want</u> and what they <u>intend</u> are different because they are not able to do what they want. <u>Intentions</u> refer to what you are realistically going to try to do, and not what you want.</p>	<p>SECTION F. The next questions are about your feelings and intentions, if any, about having children that you biologically father in the future. Sometimes what people <u>want</u> and what they <u>intend</u> are different because they are not able to do what they want. <u>Intentions</u> refer to what you are realistically going to try to do, and not what you want.</p>
<p>F1. How much thought have you given to whether you <u>want</u> to have [IF D5 > 0 “more”] children that you give birth to in the future, (IF D3=1 SHOW “after this pregnancy is over)?</p> <ol style="list-style-type: none"> 1. A lot 2. Some/moderate 3. A little 4. Not at all 	<p>F1. How much thought have you given to whether you <u>want</u> to have [IF D5 > 0 “more”] children that you biologically father in the future (IF D3=1 SHOW “after this pregnancy is over)? (To biologically father means to have a child by getting a woman pregnant. Do not include intended adoptions or stepchildren.)</p> <ol style="list-style-type: none"> 1. A lot 2. Some/moderate 3. A little 4. Not at all
<p>F2. [IF D3=1] In the future, after this pregnancy is over, do you <u>want</u> to have [IF D5 > 0 “more”] children that you give birth to?</p> <p>[IF D3=2] In the future, do you <u>want</u> to have [IF D5 > 0 “more”] children that you give birth to?</p> <ol style="list-style-type: none"> 1. Definitely yes 2. Probably yes 3. Probably no— SKIP TO CHECKPOINT AT F7 4. Definitely no— SKIP TO CHECKPOINT AT F7 5. Don’t know— SKIP TO CHECKPOINT AT F7 	<p>F2. [IF D3=1] In the future, after this pregnancy is over, do you <u>want</u> to have [IF D5 > 0 “more”] children that you biologically father? (To biologically father means to have a child by getting a woman pregnant. Do not include intended adoptions or stepchildren.)</p> <p>[D3=2] In the future, do you <u>want</u> to have [IF D5 > 0 “more”] children that you biologically father? (To biologically father means to have a child by getting a woman pregnant. Do not include intended adoptions or stepchildren.)</p> <ol style="list-style-type: none"> 1. Definitely yes 2. Probably yes 3. Probably no—SKIP TO CHECKPOINT AT F7 4. Definitely no—SKIP TO CHECKPOINT AT F7 5. Don’t know—SKIP TO CHECKPOINT AT F7

FEMALE QUESTIONNAIRE	MALE QUESTIONNAIRE
<p>F3. [IF F2=1 OR 2 AND D3=1] After this pregnancy is over, do you realistically <u>intend</u> to give birth to any [IF D5 > 0 “more”] children in the future?</p> <p>[IF F2=1 OR 2 AND D3=2] Do you realistically <u>intend</u> to give birth to any [IF D5>0 “more”] children in the future?</p> <ol style="list-style-type: none"> 1. Definitely yes 2. Probably yes 3. Probably no— SKIP TO CHECKPOINT AT F7 4. Definitely no— SKIP TO CHECKPOINT AT F7 5. Don’t know— SKIP TO CHECKPOINT AT F7 	<p>F3. [IF F2=1 OR 2 AND D3=1] After your spouse’s or partner’s current pregnancy is over, do you realistically <u>intend</u> to biologically father any [IF D5 > 0 “more”] children in the future? (To biologically father means to have a child by getting a woman pregnant. Do not include intended adoptions or stepchildren.)</p> <p>[IF F2=1 OR 2 AND D3=2] Do you realistically <u>intend</u> to biologically father any [IF D5>0 “more”] children in the future? (To biologically father means to have a child by getting a woman pregnant. Do not include intended adoptions or stepchildren.)</p> <ol style="list-style-type: none"> 1. Definitely yes 2. Probably yes 3. Probably no— SKIP TO CHECKPOINT AT F7 4. Definitely no— SKIP TO CHECKPOINT AT F7 5. Don’t know— SKIP TO CHECKPOINT AT F7
<p>F4. [IF D3=1] Not counting your current pregnancy, how many [IF D5 > 0, “more”] children do you realistically <u>intend</u> to give birth to in the future?</p> <p>[IF D3 = 2]: How many [IF D5 > 0, “more”] children do you realistically <u>intend</u> to give birth to in the future?</p> <ol style="list-style-type: none"> 1. 1 2. 2 3. 3 4. 4 or more 5. Don’t know— SKIP TO CHECKPOINT AT F7 	<p>F4. [IF D3 = 1]: Not counting your spouse’s or partner’s current pregnancy, how many [IF D5 > 0, “more”] children do you realistically <u>intend</u> to biologically father in the future? (To biologically father means to have a child by getting a woman pregnant. Do not include intended adoptions or stepchildren.)</p> <p>[IF D3 = 2]: How many [IF D5 > 0, “more”] children do you realistically <u>intend</u> to biologically father in the future? (To biologically father means to have a child by getting a woman pregnant. Do not include intended adoptions or stepchildren.)</p> <ol style="list-style-type: none"> 1. 1 2. 2 3. 3 4. 4 or more 5. Don’t know— SKIP TO CHECKPOINT AT F7

F5. [IF F4=1-4 AND D3=1] Not counting your current pregnancy, considering everything in your life, at what age do you expect to give birth to your next child?]

[IF F4=1-4 AND D3=2 AND D5=0] Considering everything in your life, at what age do you expect to give birth to your first child?]

[IF F4=1-4 AND D3=2 AND D5>0] Considering everything in your life, at what age do you expect to give birth to your next child?]

Display response categories based on A1 (age)

If A1<20, show:

1. Under 20
2. 20-24
3. 25-29
4. 30-34
5. 35-39
6. 40-44
7. 45 or over
8. Don't know

If A1>19, show:

- ~~1. Under 20~~
2. 20-24
3. 25-29
4. 30-34
5. 35-39
6. 40-44
7. 45 or over
8. Don't know

If A1>24, show:

- ~~1. Under 20~~
- ~~2. 20-24~~
3. 25-29
4. 30-34
5. 35-39
6. 40-44
7. 45 or over
8. Don't know

[IF F4 = 1, SKIP TO CHECKPOINT AT F7. OTHERWISE ASK F6]

F5. [IF F4=1-4 AND D3=1] Not counting your spouse's or partner's current pregnancy, considering everything in your life, at what age do you expect the next child that you biologically father to be born? (To biologically father means to have a child by getting a woman pregnant. Do not include intended adoptions or stepchildren.)

[IF F4=1-4 AND D3=2 AND D5=0] Considering everything in your life, at what age do you expect the first child that you biologically father to be born? (To biologically father means to have a child by getting a woman pregnant. Do not include intended adoptions or stepchildren.)

[IF F4=1-4 AND D3=2 AND D5>0] Considering everything in your life, at what age do you expect the next child that you biologically father to be born? (To biologically father means to have a child by getting a woman pregnant. Do not include intended adoptions or stepchildren.)

Display response categories based on A1 (age)

If A1<20, show:

1. Under 20
2. 20-24
3. 25-29
4. 30-34
5. 35-39
6. 40-44
7. 45 or over
8. Don't know

If A1>19, show:

- ~~1. Under 20~~
2. 20-24
3. 25-29
4. 30-34
5. 35-39
6. 40-44
7. 45 or over
8. Don't know

If A1>24, show:

- ~~1. Under 20~~
- ~~2. 20-24~~
3. 25-29
4. 30-34

FEMALE QUESTIONNAIRE	MALE QUESTIONNAIRE
	5. 35-39 6. 40-44 7. 45 or over 8. Don't know [IF F4 = 1, SKIP TO CHECKPOINT AT F7. OTHERWISE ASK F6]
<p>F6. [IF D3=1] Not counting your current pregnancy, considering everything in your life, at what age do you expect to give birth to your <u>last</u> child?]</p> <p>[IF D3=2] Considering everything in your life, at what age do you expect to give birth to your <u>last</u> child?]</p> <p>Display response categories based on A1 (age)</p> <p>If A1<20, show:</p> <ol style="list-style-type: none"> 1. Under 20 2. 20-24 3. 25-29 4. 30-34 5. 35-39 6. 40-44 7. 45 or over 8. Don't know <p>If A1>19, show:</p> <ol style="list-style-type: none"> 1. Under 20 2. 20-24 3. 25-29 4. 30-34 5. 35-39 6. 40-44 7. 45 or over 8. Don't know <p>If A1>24, show:</p> <ol style="list-style-type: none"> 1. Under 20 2. 20-24 3. 25-29 4. 30-34 5. 35-39 6. 40-44 7. 45 or over 8. Don't know 	<p>F6. [IF D3=1] Not counting your spouse's or partner's current pregnancy, considering everything in your life, at what age do you expect the <u>last</u> child that you biologically father to be born?]</p> <p>[IF D3=2] Considering everything in your life, at what age do you expect the <u>last</u> child that you biologically father to be born?]</p> <p>Display response categories based on A1 (age)</p> <p>If A1<20, show:</p> <ol style="list-style-type: none"> 1. Under 20 2. 20-24 3. 25-29 4. 30-34 5. 35-39 6. 40-44 7. 45 or over 8. Don't know <p>If A1>19, show:</p> <ol style="list-style-type: none"> 1. Under 20 2. 20-24 3. 25-29 4. 30-34 5. 35-39 6. 40-44 7. 45 or over 8. Don't know <p>If A1>24, show:</p> <ol style="list-style-type: none"> 1. Under 20 2. 20-24 3. 25-29 4. 30-34 5. 35-39 6. 40-44 7. 45 or over 8. Don't know

FEMALE QUESTIONNAIRE	MALE QUESTIONNAIRE
<p>CHECKPOINT F7: IF (E1=1-2 AND E2=1 OR 2) OR (E1=3-5 AND E4=1 AND E5=1 OR 2), ASK F7. OTHERWISE, SKIP TO SECTION G</p> <p>F7. [IF E1=1-2] Have you ever talked with your spouse or partner about whether they want to have any (IF D5>0 “more”) children together with you in the future? Do not include intended adoptions or stepchildren.</p> <p>[IF E1=3-5] Have you ever talked with your romantic partner about whether they want to have any (IF D5>0 “more”) children together with you in the future? Do not include intended adoptions or stepchildren.</p> <ol style="list-style-type: none"> 1. Yes 2. No—SKIP TO SECTION G 	<p>CHECKPOINT F7: IF (E1=1-2 AND E2=1 OR 2) OR (E1=3-5 AND E4=1 AND E5=1 OR 2), ASK F7. OTHERWISE, SKIP TO SECTION G</p> <p>F7. [IF E1=1-2] Have you ever talked with your spouse or partner about whether they want to have any (IF D5>0 “more”) children together with you in the future? Do not include intended adoptions or stepchildren.</p> <p>[IF E1=3-5] Have you ever talked with your romantic partner about whether they want to have any (IF D5>0 “more”) children together with you in the future? Do not include intended adoptions or stepchildren.</p> <ol style="list-style-type: none"> 1. Yes 2. No—SKIP TO SECTION G
<p>F8. [IF D3=1 AND (E1=1-2 AND E2=1) OR (E1=3-5 AND E4=1 AND E5=1)] After this pregnancy is over, does your spouse or partner <u>want</u> to biologically father any more children with you in the future? (To biologically father means to have a child by getting a woman pregnant. Do not include intended adoptions or stepchildren.)</p> <p>[IF D3=2 AND (E1=1-2 AND E2=1) OR (E1=3-5 AND E4=1 AND E5=1)]: Does your spouse or partner <u>want</u> to biologically father any [IF D5 > 0 “more”] children with you in the future? (To biologically father means to have a child by getting a woman pregnant. Do not include intended adoptions or stepchildren.)</p> <p>[IF (E1=1-2 AND E2=2) OR (E1=3-5 AND E4=1 AND E5=2)]: Does your spouse or partner <u>want</u> to give birth to any (more) children in the future?</p> <ol style="list-style-type: none"> 1. Definitely yes 2. Probably yes 3. Probably no 4. Definitely no 5. Don’t know 	<p>F8. [IF D3=1 AND (E1=1-2 AND E2=2) OR (E1=3-5 AND E4=1 AND E5=2)]: After this pregnancy is over, does your spouse or partner <u>want</u> to give birth to any more children that you biologically father in the future? (Do not include intended adoptions or stepchildren.)</p> <p>[IF D3=2 AND (E1=1-2 AND E2=2) OR (E1=3-5 AND E4=1 AND E5=2)]: Does your spouse or partner <u>want</u> to give birth to any [IF D5 > 0 “more”] children that you biologically father in the future? (Do not include intended adoptions or stepchildren.)</p> <p>[IF (E1=1-2 AND E2=1) OR (E1=3-5 AND E4=1 AND E5=1)]: Does your spouse or partner <u>want to</u> biologically father any (more) children in the future? (To biologically father means to have a child by getting a woman pregnant. Do not include intended adoptions or stepchildren.)</p> <ol style="list-style-type: none"> 1. Definitely yes 2. Probably yes 3. Probably no 4. Definitely no 5. Don’t know

FEMALE QUESTIONNAIRE		MALE QUESTIONNAIRE																																											
SECTION G. Now we'd like to ask you questions about your own fertility status.		SECTION G. Now we'd like to ask you questions about your own fertility status.																																											
<p>G1. Some people have difficulty or are unable to get pregnant. If you tried to get pregnant, how likely is it that you would have difficulty or be unable to get pregnant?</p> <ol style="list-style-type: none"> 1. Not at all likely—SKIP TO G3 2. Somewhat likely 3. Moderately likely 4. Very likely 5. Extremely likely 6. Don't know—SKIP TO G3 		<p>G1. Some people have difficulty or are unable to father a child. If you tried to get a woman pregnant, how likely is it that you would have difficulty or be unable to get her pregnant?</p> <ol style="list-style-type: none"> 1. Not at all likely—SKIP TO G3 2. Somewhat likely 3. Moderately likely 4. Very likely 5. Extremely likely 6. Don't know—SKIP TO G3 																																											
<p>G2. Which of the following are reasons why you think you might have difficulty or be unable to get pregnant? For each reason, please select Yes if it applies to you or No if it does not.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a. A doctor has told you that you are infertile or that you might have difficulty getting pregnant.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b. Other women in your family are infertile or have had difficulty getting pregnant.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. You have had vaginal intercourse many times with a man without using a birth control method and you have not gotten pregnant.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d. You do not have menstrual periods or the length of your menstrual cycle varies from month to month.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>e. You have had an operation or procedure that makes it impossible for you to have a baby.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>f. [IF E1 = 1 OR 2 AND E2 = 1; OR IF E1 = 3, 4, OR 5 AND E4 = 1 AND E5 = 1], ASK G2f. OTHERWISE SKIP TO G3 : Your male spouse or partner has had an operation that makes it impossible for him to get you pregnant.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>			Yes	No	a. A doctor has told you that you are infertile or that you might have difficulty getting pregnant.	<input type="checkbox"/>	<input type="checkbox"/>	b. Other women in your family are infertile or have had difficulty getting pregnant.	<input type="checkbox"/>	<input type="checkbox"/>	c. You have had vaginal intercourse many times with a man without using a birth control method and you have not gotten pregnant.	<input type="checkbox"/>	<input type="checkbox"/>	d. You do not have menstrual periods or the length of your menstrual cycle varies from month to month.	<input type="checkbox"/>	<input type="checkbox"/>	e. You have had an operation or procedure that makes it impossible for you to have a baby.	<input type="checkbox"/>	<input type="checkbox"/>	f. [IF E1 = 1 OR 2 AND E2 = 1; OR IF E1 = 3, 4, OR 5 AND E4 = 1 AND E5 = 1], ASK G2f. OTHERWISE SKIP TO G3 : Your male spouse or partner has had an operation that makes it impossible for him to get you pregnant.	<input type="checkbox"/>	<input type="checkbox"/>	<p>G2. Which of the following are reasons why you think you might have difficulty or be unable to get pregnant? For each reason, please select Yes if it applies to you or No if it does not.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a. A doctor has told you that you are infertile or that you might have difficulty getting a woman pregnant.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b. Other men in your family are infertile or have had difficulty getting a woman pregnant.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. You have had vaginal intercourse many times with a woman without using a birth control method and you have not gotten her pregnant.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d. Blank</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>e. You have had an operation or procedure that makes it impossible for you to get a woman pregnant.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>f. [IF E1 = 1 OR 2 AND E2 = 2; OR IF E1 = 3, 4, OR 5 AND E4 = 1 AND E5 = 2], ASK G2f. OTHERWISE SKIP TO G3. Your female spouse or partner has had an operation that makes it impossible for her to get pregnant.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>			Yes	No	a. A doctor has told you that you are infertile or that you might have difficulty getting a woman pregnant.	<input type="checkbox"/>	<input type="checkbox"/>	b. Other men in your family are infertile or have had difficulty getting a woman pregnant.	<input type="checkbox"/>	<input type="checkbox"/>	c. You have had vaginal intercourse many times with a woman without using a birth control method and you have not gotten her pregnant.	<input type="checkbox"/>	<input type="checkbox"/>	d. Blank	<input type="checkbox"/>	<input type="checkbox"/>	e. You have had an operation or procedure that makes it impossible for you to get a woman pregnant.	<input type="checkbox"/>	<input type="checkbox"/>	f. [IF E1 = 1 OR 2 AND E2 = 2; OR IF E1 = 3, 4, OR 5 AND E4 = 1 AND E5 = 2], ASK G2f. OTHERWISE SKIP TO G3. Your female spouse or partner has had an operation that makes it impossible for her to get pregnant.	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No																																											
a. A doctor has told you that you are infertile or that you might have difficulty getting pregnant.	<input type="checkbox"/>	<input type="checkbox"/>																																											
b. Other women in your family are infertile or have had difficulty getting pregnant.	<input type="checkbox"/>	<input type="checkbox"/>																																											
c. You have had vaginal intercourse many times with a man without using a birth control method and you have not gotten pregnant.	<input type="checkbox"/>	<input type="checkbox"/>																																											
d. You do not have menstrual periods or the length of your menstrual cycle varies from month to month.	<input type="checkbox"/>	<input type="checkbox"/>																																											
e. You have had an operation or procedure that makes it impossible for you to have a baby.	<input type="checkbox"/>	<input type="checkbox"/>																																											
f. [IF E1 = 1 OR 2 AND E2 = 1; OR IF E1 = 3, 4, OR 5 AND E4 = 1 AND E5 = 1], ASK G2f. OTHERWISE SKIP TO G3 : Your male spouse or partner has had an operation that makes it impossible for him to get you pregnant.	<input type="checkbox"/>	<input type="checkbox"/>																																											
	Yes	No																																											
a. A doctor has told you that you are infertile or that you might have difficulty getting a woman pregnant.	<input type="checkbox"/>	<input type="checkbox"/>																																											
b. Other men in your family are infertile or have had difficulty getting a woman pregnant.	<input type="checkbox"/>	<input type="checkbox"/>																																											
c. You have had vaginal intercourse many times with a woman without using a birth control method and you have not gotten her pregnant.	<input type="checkbox"/>	<input type="checkbox"/>																																											
d. Blank	<input type="checkbox"/>	<input type="checkbox"/>																																											
e. You have had an operation or procedure that makes it impossible for you to get a woman pregnant.	<input type="checkbox"/>	<input type="checkbox"/>																																											
f. [IF E1 = 1 OR 2 AND E2 = 2; OR IF E1 = 3, 4, OR 5 AND E4 = 1 AND E5 = 2], ASK G2f. OTHERWISE SKIP TO G3. Your female spouse or partner has had an operation that makes it impossible for her to get pregnant.	<input type="checkbox"/>	<input type="checkbox"/>																																											
<p>G3. Have you ever spoken to a doctor, nurse, or other medical care provider about ways to help you get pregnant?</p> <ol style="list-style-type: none"> 1. Yes 2. No 		<p>G3. Have you ever spoken to a doctor, nurse, or other medical care provider about ways to help you get a woman pregnant?</p> <ol style="list-style-type: none"> 1. Yes 2. No 																																											

FEMALE QUESTIONNAIRE			MALE QUESTIONNAIRE		
<p>G4. Have you, a spouse, or a partner (current or former) ever received from a doctor, nurse, or other medical care provider any of the following services to help you get pregnant? Please select Yes or No for each service.</p>			<p>G4. Have you, a spouse, or a partner (current or former) ever received from a doctor, nurse, or other medical care provider any of the following services to help you get a woman pregnant? Please select Yes or No for each service.</p>		
	Yes	No		Yes	No
a. Advice or counseling on fertility			a. Advice or counseling on fertility		
b. Infertility testing			b. Infertility testing		
c. Drugs to help ovulation (develop eggs and release them from ovaries)			c. Surgery to repair damaged or blocked tubes (female or male)		
d. Surgery to repair damaged or blocked tubes (female or male)			d. Injecting your sperm into a woman's uterus (Intrauterine insemination)		
e. Injecting sperm into your uterus (Intrauterine insemination)			e. Treatment for low testosterone, low sperm count, or no sperm		
f. Treatment for conditions of the ovaries or uterus (like polycystic ovary syndrome, endometriosis, or uterine fibroids)			f. Treatment for varicocele (swollen veins inside the bag of skin that holds the testicles [scrotum])		
g. Other medical help for <u>female</u> infertility (like other female pelvic surgery)			g. Other medical help for <u>male</u> infertility (like problems with sexual intercourse)		
h. Other medical help for <u>male</u> infertility (like treatment for low/abnormal sperm count or varicocele)			h. Other medical help for <u>female</u> infertility (like drugs to induce ovulation or treatment for polycystic ovary syndrome, endometriosis, or uterine fibroids)		
<p>G5. How concerned are you about <u>your</u> ability to get pregnant in the future?</p> <p>1. Not at all concerned 2. A little concerned 3. Somewhat concerned 4. Very concerned 5. Extremely concerned</p> <p>[(IF E1 = 3, 4, OR 5 AND E4=2) OR E2=3 OR E5=3, SKIP TO G7]</p>			<p>G5. How concerned are you about <u>your</u> ability to biologically father a child in the future? (To biologically father a child means that a man has a child by getting a woman pregnant.)</p> <p>1. Not at all concerned 2. A little concerned 3. Somewhat concerned 4. Very concerned 5. Extremely concerned</p> <p>[(IF E1 = 3, 4, OR 5 AND E4=2) OR E2=3 OR E5=3, SKIP TO G7]</p>		

FEMALE QUESTIONNAIRE	MALE QUESTIONNAIRE
<p>G6. [IF E1=1-2 AND E2=1]: How concerned are you about your spouse's or partner's ability to biologically father a child? (To biologically father a child means that a man has a child by getting a woman pregnant.)</p> <p>[If E1=1-2 AND E2=2]: How concerned are you about your spouse's or partner's ability to get pregnant?</p> <p>[If E1=3-5 AND E4=1 AND E5=1]: How concerned are you about your romantic partner's ability to biologically father a child? (To biologically father a child means that a man has a child by getting a woman pregnant.)</p> <p>[IF E1=3-5 AND E4=1 AND E5 = 2]: How concerned are you about your romantic partner's ability to get pregnant?]</p> <ol style="list-style-type: none"> 1. Not at all concerned 2. A little concerned 3. Somewhat concerned 4. Very concerned 5. Extremely concerned 	<p>G6. [If E1=1-2 AND E2=2]: How concerned are you about your spouse's or partner's ability to get pregnant?]</p> <p>[If E1=1-2 AND E2=1]: How concerned are you about your spouse's or partner's ability to biologically father a child? (To biologically father a child means that a man has a child by getting a woman pregnant.)</p> <p>[IF E1=3-5 AND E4=1 AND E5=2]: How concerned are you about your romantic partner's ability to get pregnant?]</p> <p>[IF E1=3-5 AND E4=1 AND E5 = 1]: How concerned are you about your romantic partner's ability to biologically father a child? (To biologically father a child means that a man has a child by getting a woman pregnant.)</p> <ol style="list-style-type: none"> 1. Not at all concerned 2. A little concerned 3. Somewhat concerned 4. Very concerned 5. Extremely concerned
<p>G7. Egg freezing is a medical technique that gives a woman the chance to freeze her eggs when they are most likely to be healthy. She can use her eggs Later, when she is ready to try to get pregnant, her eggs can then be thawed, combined with sperm (fertilized), and placed into her uterus.</p> <p>Before reading this description, had you heard of egg freezing?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Not sure <p>[IF F4 = 1-4, ASK G8. OTHERWISE, SKIP TO SECTION H.</p>	<p>G7. Egg freezing is a medical technique that gives a woman the chance to freeze her eggs when they are most likely to be healthy. She can use her eggs Later, when she is ready to try to get pregnant, her eggs can then be thawed, combined with sperm (fertilized), and placed into her uterus.</p> <p>Before reading this description, had you heard of egg freezing?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Not sure <p>[IF F4 = 1-4, ASK G8. OTHERWISE, SKIP TO SECTION H.</p>
<p>G8. You answered earlier that you intend to give birth to one or more children in the future. Please <u>imagine that you had to delay</u> getting pregnant until an age when you might be worried about being able to get pregnant. How likely is it that you would consider freezing your eggs for use later?</p> <ol style="list-style-type: none"> 1. Not at all likely 2. Somewhat likely 3. Moderately likely 4. Very likely 5. Extremely likely 	<p>G8. You answered earlier that you intend to biologically father one or more children in the future. Please imagine that you had to delay getting your spouse or partner pregnant until an age when you might be worried about her ability get pregnant. How likely is it that you would consider asking her to freeze her eggs for use later?</p> <ol style="list-style-type: none"> 1. Not at all likely 2. Somewhat likely 3. Moderately likely 4. Very likely 5. Extremely likely

FEMALE QUESTIONNAIRE	MALE QUESTIONNAIRE
<p>SECTION H. The next questions ask about your experience with <u>voluntary vaginal intercourse</u> and birth control. Vaginal intercourse is when a man puts his penis into a woman’s vagina. Voluntary means that you were not forced to have vaginal intercourse against your will.</p>	<p>SECTION H. The next questions ask about your experience with <u>voluntary vaginal intercourse</u> and birth control. Vaginal intercourse is when a man puts his penis into a woman’s vagina. Voluntary means that you were not forced to have vaginal intercourse against your will.</p>
<p>H1. At <u>any time in your life</u>, have you ever had vaginal intercourse with a man?</p> <p>1. Yes 2. No—SKIP TO H7</p>	<p>H1. At <u>any time in your life</u>, have you ever had vaginal intercourse with a woman?</p> <p>1. Yes 2. No—SKIP TO H7</p>
<p>H2. The <u>very first time</u> you had vaginal intercourse with a man, how old were you? A best guess is fine.</p> <p>ENTER ___ years old</p>	<p>H2. The <u>very first time</u> you had vaginal intercourse with a woman, how old were you? A best guess is fine.</p> <p>ENTER ___ years old</p>
<p>H3. In the <u>last 12 months</u>, how many men, if any, have you had vaginal intercourse with? Please count every male sexual partner, even those you had vaginal intercourse with only once.</p> <p>ENTER ___ number</p> <p>[IF H3 = 0, SKIP TO H7]</p>	<p>H3. In the <u>last 12 months</u>, how many women, if any, have you had vaginal intercourse with? Please count every female sexual partner, even those you had vaginal intercourse with only once.</p> <p>ENTER ___ number</p> <p>[IF H3 = 0, SKIP TO H7]</p>

FEMALE QUESTIONNAIRE					MALE QUESTIONNAIRE				
<p>H4. In the <u>last 12 months</u>, have you or any male sexual partner used any of the birth control methods listed below to prevent pregnancy? For each method, select Yes or No. Please select Yes even if you used the method only <u>once</u>. Select Not Sure if you are not sure whether a method was used and Don't Know Method if you don't know a method.</p>					<p>H4. In the <u>last 12 months</u>, have you or any male [MALE: female] sexual partner used any of the birth control methods listed below to prevent pregnancy? For each method, select Yes or No. Please select Yes even if you used the method only <u>once</u>. Select Not Sure if you are not sure whether a method was used and Don't Know Method if you don't know a method.</p>				
	Yes	No	Not Sure	Don't Know Method		Yes	No	Not Sure	Don't Know Method
a. Birth control pills					a. Birth control pills				
b. Condoms					b. Condoms				
c. Shots or injections (Depo-Provera),					c. Shots or injections (Depo-Provera),				
d. Patch (Xulane) or vaginal ring (NuvaRing)					d. Patch (Xulane) or vaginal ring (NuvaRing)				
e. IUD (Paragard, Mirena, or Skyla)					e. IUD (Paragard, Mirena, or Skyla)				
f. Implant (Nexplanon)					f. Implant (Nexplanon)				
g. Withdrawal or pulling out					g. Withdrawal or pulling out				
h. Fertility awareness method (like calendar/rhythm, temperature, or cervical mucus or rhythm method)					h. Fertility awareness method (like calendar/rhythm, temperature, or cervical mucus or rhythm method)				
i. Male partner's vasectomy (male sterilizing operation)					i. Female partner's sterilizing operation (tubal ligation) or occlusion (Essure®)				
j. Other method					j. Other method				
<p>[IF IN H4, ITEMS A-J WERE ALL "NO," "NOT SURE," OR "DON'T KNOW," SKIP TO H6. OTHERWISE, ASK H5.]</p>					<p>[IF IN H4, ITEMS A-J WERE ALL "NO" OR "DON'T KNOW," SKIP TO H6. OTHERWISE, ASK H5.]</p>				
<p>H5. Please think about all the times you had vaginal intercourse <u>in the last 12 months</u>. [IF D3=1 "Before you became pregnant,"] How much of the time did you or any male sexual partner use a birth control method to <u>prevent pregnancy</u>? Your best guess is fine.</p> <ol style="list-style-type: none"> 1. Never or almost never 2. Some of the times 3. About half of the times 4. Most of the times 5. Every or almost every time 					<p>H5. Please think about all the times you had vaginal intercourse <u>in the last 12 months</u>. [IF D3=1 "Before your spouse or partner became pregnant,"] How much of the time did you or any female sexual partner use a birth control method to <u>prevent pregnancy</u>? Your best guess is fine.</p> <ol style="list-style-type: none"> 6. Never or almost never 7. Some of the times 8. About half of the times 9. Most of the times 10. Every or almost every time 				
<p>[IF H5 = 1 OR 2, SKIP TO H7. OTHERWISE, ASK H6.]</p>					<p>[IF H5 = 4 OR 5, SKIP TO H7. OTHERWISE, ASK H6.]</p>				

H6. [IF H4_a-j all=2 or 4]: You answered that in the last 12 months, you had voluntary vaginal intercourse and did not use any birth control methods to prevent pregnancy. What are the reasons you did not use any method? For each reason below, please select **Yes** if it applies to you or **No** if it does not.

[IF H4_a-j any combination of=(2,3,4) OR (2 and 3) OR (3 and 4): You answered that in the last 12 months, you had voluntary vaginal intercourse and did not or were not sure that you used any birth control methods to prevent pregnancy. What are the reasons you may not have used any method? Please select **Yes** or **No** for each reason.

[IF H5=1] You answered that in the last 12 months, you had voluntary vaginal intercourse but never or almost never used any birth control methods to prevent pregnancy. What are the reasons you did not use a method more often? For each reason below, please select **Yes** if it applies to you or **No** if it does not.

[IF H5=2] You answered that in the last 12 months, you had voluntary vaginal intercourse but used birth control methods to prevent pregnancy some of the times. What are the reasons you did not use a method more often? For each reason below, please select **Yes** if it applies to you or **No** if it does not.

[IF H5=3] You answered that in the last 12 months, you had voluntary vaginal intercourse but used birth control methods to prevent pregnancy about half of the times. What are the reasons you did not use a method more often? For each reason below, please select **Yes** if it applies to you or **No** if it does not.

[IF H5=4] You answered that in the last 12 months, you had voluntary vaginal intercourse and used birth control methods to prevent pregnancy most of the times. What are the reasons you did not use a method every time? For each reason below, please select **Yes** if it applies to you or **No** if it does not.

	Yes	No
a. I didn't think I could get pregnant		
b. I didn't think my partner could get me pregnant		
c. I didn't expect to have sex		
d. I didn't really care or mind if I got pregnant		
e. I was trying to get pregnant		
f. My male partner did not want me to use a birth control method		
g. I was worried about the side effects of birth control methods		

H6. [IF H4_a-j all=2 or 4]: You answered that in the last 12 months, you had voluntary vaginal intercourse and did not use any birth control methods to prevent pregnancy. What are the reasons you did not use any method? For each reason below, please select **Yes** if it applies to you or **No** if it does not.

[IF H4_a-j any combination of=(2,3,4) OR (2 and 3) OR (3 and 4): You answered that in the last 12 months, you had voluntary vaginal intercourse and did not or were not sure that you used any birth control methods to prevent pregnancy. What are the reasons you may not have used any method? Please select **Yes** or **No** for each reason.

[IF H5=1] You answered that in the last 12 months, you had voluntary vaginal intercourse but never or almost never used any birth control methods to prevent pregnancy. What are the reasons you did not use a method more often? For each reason below, please select **Yes** if it applies to you or **No** if it does not.

[IF H5=2] You answered that in the last 12 months, you had voluntary vaginal intercourse but used birth control methods to prevent pregnancy some of the times. What are the reasons you did not use a method more often? For each reason below, please select **Yes** if it applies to you or **No** if it does not.

[IF H5=3] You answered that in the last 12 months, you had voluntary vaginal intercourse but used birth control methods to prevent pregnancy about half of the times. What are the reasons you did not use a method more often? For each reason below, please select **Yes** if it applies to you or **No** if it does not.

[IF H5=4] You answered that in the last 12 months, you had voluntary vaginal intercourse and used birth control methods to prevent pregnancy most of the times. What are the reasons you did not use a method every time? For each reason below, please select **Yes** if it applies to you or **No** if it does not.

	Yes	No
a. I didn't think I could get my partner pregnant		
b. I didn't think my partner could get pregnant		
c. I didn't expect to have sex		
d. I didn't really care or mind if I got my partner pregnant		
e. I was trying to get my partner pregnant		
f. My female partner did not want me to use a birth control method (like condoms, withdrawal, or vasectomy)		
g. I was worried about the side effects of birth control methods		

FEMALE QUESTIONNAIRE					MALE QUESTIONNAIRE				
h. I was concerned that using a birth control method would affect my ability to get pregnant in the future					h. I was concerned that using a birth control method would affect my partner's ability to get pregnant in the future				
i. I didn't like any of the birth control methods available					i. I didn't like any of the birth control methods available				
j. I couldn't afford the birth control method I wanted					j. I couldn't afford the birth control method I wanted				
H7. In the <u>last 12 months</u> , have you or any sexual partner used condoms (male or female) to prevent sexually transmitted diseases (STDs)?					H7. In the <u>last 12 months</u> , have you or any sexual partner used condoms (male or female) to prevent sexually transmitted diseases (STDs)?				
1. Yes					1. Yes				
2. No					2. No				
3. Don't know or not sure					3. Don't know or not sure				
H8. Following are three statements about birth control methods and women's fertility. For each statement, please select True , False , or Don't Know . Select Don't Know Method if you don't know the birth control method.					H8. Following are three statements about birth control methods and women's fertility. For each statement, please select True , False , or Don't Know . Select Don't Know Method if you don't know the birth control method.				
	True	False	Don't know	Don't know method		True	False	Don't know	Don't know method
a. A woman can use an IUD even if she has never had a child. An IUD (intrauterine device) is a tiny device placed into a woman's uterus to prevent pregnancy.					a. A woman can use an IUD even if she has never had a child. An IUD (intrauterine device) is a tiny device placed into a woman's uterus to prevent pregnancy.				
b. Women who stop using an IUD take longer to get pregnant than women who have not used an IUD.					b. Women who stop using an IUD take longer to get pregnant than women who have not used an IUD.				
c. Taking birth control pills is riskier to a woman's health than having a baby (including pregnancy, labor, and delivery).					c. Taking birth control pills is riskier to a woman's health than having a baby (including pregnancy, labor, and delivery).				
Section J. The next questions ask about health care and your health.					Section J. The next questions ask about health care and your health.				
J1. Is there a place that you <u>usually</u> go to for general health care such as when you are sick, need advice about your health, or need routine medical care?					J1. Is there a place that you <u>usually</u> go to for general health care such as when you are sick, need advice about your health, or need routine medical care?				
1. Yes					1. Yes				
2. No					2. No				

FEMALE QUESTIONNAIRE		MALE QUESTIONNAIRE																																					
<p>J2. Is there a place that you <u>usually</u> go when you need sexual or reproductive health care such as family planning, gynecological or breast exams, pregnancy testing, sexually transmitted disease (STD) testing, or related counseling or information?</p> <p>1. Yes 2. No</p>		<p>J2. Is there a place that you <u>usually</u> go when you need sexual or reproductive health care such as sexually transmitted disease (STD) testing, birth control, or related counseling or information?</p> <p>1. Yes 2. No</p>																																					
<p>J3. <u>In the past 12 months</u>, did you receive any of the following services from a doctor, nurse, or other medical care provider? Please select Yes or No for each service.</p> <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>a. General or routine physical exam</td> <td></td> <td></td> </tr> <tr> <td>b. Visit for an illness or injury</td> <td></td> <td></td> </tr> <tr> <td>c. STDs or HIV: Testing, treatment, information, or advice</td> <td></td> <td></td> </tr> <tr> <td>d. Birth control: Method/prescription, checkup/test, information, or advice</td> <td></td> <td></td> </tr> <tr> <td>e. Other sexual/reproductive care (like Pap smear or pelvic exam, pregnancy test, or prenatal or postnatal care)</td> <td></td> <td></td> </tr> </tbody> </table>			Yes	No	a. General or routine physical exam			b. Visit for an illness or injury			c. STDs or HIV: Testing, treatment, information, or advice			d. Birth control: Method/prescription, checkup/test, information, or advice			e. Other sexual/reproductive care (like Pap smear or pelvic exam, pregnancy test, or prenatal or postnatal care)			<p>J3. <u>In the past 12 months</u>, did you receive any of the following services from a doctor, nurse, or other medical care provider? Please select Yes or No for each service.</p> <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>a. General or routine physical exam</td> <td></td> <td></td> </tr> <tr> <td>b. Visit for an illness or injury</td> <td></td> <td></td> </tr> <tr> <td>c. STDs or HIV: Testing, treatment, information, or advice</td> <td></td> <td></td> </tr> <tr> <td>d. Birth control: Method, information, or advice</td> <td></td> <td></td> </tr> <tr> <td>e. Other sexual/reproductive health care (like testicular or penis exam)</td> <td></td> <td></td> </tr> </tbody> </table>			Yes	No	a. General or routine physical exam			b. Visit for an illness or injury			c. STDs or HIV: Testing, treatment, information, or advice			d. Birth control: Method, information, or advice			e. Other sexual/reproductive health care (like testicular or penis exam)		
	Yes	No																																					
a. General or routine physical exam																																							
b. Visit for an illness or injury																																							
c. STDs or HIV: Testing, treatment, information, or advice																																							
d. Birth control: Method/prescription, checkup/test, information, or advice																																							
e. Other sexual/reproductive care (like Pap smear or pelvic exam, pregnancy test, or prenatal or postnatal care)																																							
	Yes	No																																					
a. General or routine physical exam																																							
b. Visit for an illness or injury																																							
c. STDs or HIV: Testing, treatment, information, or advice																																							
d. Birth control: Method, information, or advice																																							
e. Other sexual/reproductive health care (like testicular or penis exam)																																							
<p>J4. In the past 12 months, was there a time that you did <u>not</u> have any health insurance or coverage?</p> <p>1. Yes 2. No -- SKIP TO J6 3. Unsure or Don't know-- SKIP TO J6</p>		<p>J4. In the past 12 months, was there a time that you did <u>not</u> have any health insurance or coverage?</p> <p>1. Yes 2. No -- SKIP TO J6 3. Unsure or Don't know-- SKIP TO J6</p>																																					
<p>J5. In how many of the past 12 months were you <u>without</u> coverage?</p> <p>ENTER ____ Number of months</p>		<p>J5. In how many of the past 12 months were you <u>without</u> coverage?</p> <p>ENTER ____ Number of months</p>																																					
<p>J6. In general, how is your health?</p> <p>1. Excellent 2. Very good 3. Good 4. Fair 5. Poor</p>		<p>J6. In general, how is your health?</p> <p>1. Excellent 2. Very good 3. Good 4. Fair 5. Poor</p>																																					

FEMALE QUESTIONNAIRE	MALE QUESTIONNAIRE
<p>J7. How tall are you? A best guess is fine.</p> <p>ENTER ____ FEET [RANGE 3-7] ENTER ____ INCHES [RANGE 0-11]</p>	<p>J7. How tall are you? A best guess is fine.</p> <p>ENTER ____ FEET [RANGE 3-7] ENTER ____ INCHES [RANGE 0-11]</p>
<p>J8. How much do you weigh? A best guess is fine.</p> <p>ENTER ____ Pounds</p>	<p>J8. How much do you weigh? A best guess is fine.</p> <p>ENTER ____ Pounds</p>
<p>The next questions ask about alcohol and tobacco use.</p> <p>J9. <u>During the past 30 days</u>, on how many days (if any) did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor? If you do not drink alcohol or did not drink alcohol in the past 30 days, enter 0.</p> <p>ENTER ____ Number of <u>DAYS</u> [ALLOW ONLY 0-30] [IF J9 = 0, SKIP TO J11].</p>	<p>The next questions ask about alcohol and tobacco use.</p> <p>J9. <u>During the past 30 days</u>, on how many days (if any) did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor? If you do not drink alcohol or did not drink alcohol in the past 30 days, enter 0.</p> <p>ENTER ____ Number of <u>DAYS</u> [ALLOW ONLY 0-30] [IF J9 = 0, SKIP TO J11].</p>
<p>J10. <u>During the past 30 days</u>, on the days when you drank, about how many <u>drinks</u> did you drink per day on average? One drink is equal to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot (1.5 ounces) of liquor.</p> <p>ENTER ____ (Average number of drinks per day)</p>	<p>J10. <u>During the past 30 days</u>, on the days when you drank, about how many <u>drinks</u> did you drink per day on average? One drink is equal to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot (1.5 ounces) of liquor.</p> <p>ENTER ____ (Average number of drinks per day)</p>
<p>J11. <u>During the past 30 days</u>, on how many <u>days</u> (if any) did you smoke cigarettes? If you do not smoke cigarettes or did not smoke a cigarette in the past 30 days, enter 0.</p> <p>ENTER ____ Number of <u>DAYS</u> [ALLOW ONLY 0-30] [IF J11 = 0, SKIP TO J13]</p>	<p>J11. <u>During the past 30 days</u>, on how many <u>days</u> (if any) did you smoke cigarettes? If you do not smoke cigarettes or did not smoke a cigarette in the past 30 days, enter 0.</p> <p>ENTER ____ Number of <u>DAYS</u> [ALLOW ONLY 0-30] [IF J11 = 0, SKIP TO J13]</p>
<p>J12. <u>During the past 30 days</u>, on the days you smoked, about how many <u>cigarettes</u> did you smoke per day on average?</p> <ol style="list-style-type: none"> 1. Less than 1 cigarette per day 2. 1 to 9 cigarettes per day 3. 10 to 20 cigarettes per day (1/2 to 1 pack) 4. More than 20 cigarettes per day 	<p>J12. <u>During the past 30 days</u>, on the days you smoked, about how many <u>cigarettes</u> did you smoke per day on average?</p> <ol style="list-style-type: none"> 1. Less than 1 cigarette per day 2. 1 to 9 cigarettes per day 3. 10 to 20 cigarettes per day (1/2 to 1 pack) 4. More than 20 cigarettes per day

FEMALE QUESTIONNAIRE			MALE QUESTIONNAIRE																																																
<p>J13. <u>In the last 12 months</u>, have you been told by a doctor or other medical care provider that you had chlamydia or gonorrhea?</p> <p>1. Yes 2. No 3. Don't know or not sure</p>			<p>J13. <u>In the last 12 months</u>, have you been told by a doctor or other medical care provider that you had chlamydia or gonorrhea?</p> <p>1. Yes 2. No 3. Don't know or not sure</p>																																																
<p>SECTION K. Now we'd like to ask about information you have received about your fertility or your plans and goals for having or not having children.</p>			<p>SECTION K. Now we'd like to ask about information you have received about your fertility or your plans and goals for having or not having children.</p>																																																
<p>K1. Has a doctor, nurse, or other medical care provider <u>ever</u> talked with you about the following topics? Please select Yes or No for each topic.</p>			<p>K1. Has a doctor, nurse, or other medical care provider <u>ever</u> talked with you about the following topics? Please select Yes or No for each topic.</p>																																																
<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>a. Your ability to get pregnant and give birth to a child.</td> <td></td> <td></td> </tr> <tr> <td>b. Your plans or goals for having or not having children</td> <td></td> <td></td> </tr> <tr> <td>c. How you could improve your health before a pregnancy</td> <td></td> <td></td> </tr> <tr> <td>d. The impact of diet or lifestyle factors (like smoking, alcohol, or drug use) on your ability to get pregnant</td> <td></td> <td></td> </tr> <tr> <td>e. The impact of sexually transmitted diseases on your ability to get pregnant</td> <td></td> <td></td> </tr> <tr> <td>f. How your age could affect your ability to get pregnant</td> <td></td> <td></td> </tr> <tr> <td>g. Factors affecting the ability of your spouse or partner to get you pregnant</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	a. Your ability to get pregnant and give birth to a child.			b. Your plans or goals for having or not having children			c. How you could improve your health before a pregnancy			d. The impact of diet or lifestyle factors (like smoking, alcohol, or drug use) on your ability to get pregnant			e. The impact of sexually transmitted diseases on your ability to get pregnant			f. How your age could affect your ability to get pregnant			g. Factors affecting the ability of your spouse or partner to get you pregnant					<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>a. Your ability to get a woman pregnant</td> <td></td> <td></td> </tr> <tr> <td>b. Your plans or goals for having or not having children</td> <td></td> <td></td> </tr> <tr> <td>c. How you could improve your health before trying to get a woman pregnant</td> <td></td> <td></td> </tr> <tr> <td>d. The impact of diet or lifestyle factors (like smoking, alcohol, or drug use) on your ability to get a woman pregnant</td> <td></td> <td></td> </tr> <tr> <td>e. The impact of sexually transmitted diseases on your ability to get a woman pregnant</td> <td></td> <td></td> </tr> <tr> <td>f. How your age could affect your ability to get a woman pregnant</td> <td></td> <td></td> </tr> <tr> <td>g. Factors affecting the ability of your spouse or partner to get pregnant and have a child</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	a. Your ability to get a woman pregnant			b. Your plans or goals for having or not having children			c. How you could improve your health before trying to get a woman pregnant			d. The impact of diet or lifestyle factors (like smoking, alcohol, or drug use) on your ability to get a woman pregnant			e. The impact of sexually transmitted diseases on your ability to get a woman pregnant			f. How your age could affect your ability to get a woman pregnant			g. Factors affecting the ability of your spouse or partner to get pregnant and have a child		
	Yes	No																																																	
a. Your ability to get pregnant and give birth to a child.																																																			
b. Your plans or goals for having or not having children																																																			
c. How you could improve your health before a pregnancy																																																			
d. The impact of diet or lifestyle factors (like smoking, alcohol, or drug use) on your ability to get pregnant																																																			
e. The impact of sexually transmitted diseases on your ability to get pregnant																																																			
f. How your age could affect your ability to get pregnant																																																			
g. Factors affecting the ability of your spouse or partner to get you pregnant																																																			
	Yes	No																																																	
a. Your ability to get a woman pregnant																																																			
b. Your plans or goals for having or not having children																																																			
c. How you could improve your health before trying to get a woman pregnant																																																			
d. The impact of diet or lifestyle factors (like smoking, alcohol, or drug use) on your ability to get a woman pregnant																																																			
e. The impact of sexually transmitted diseases on your ability to get a woman pregnant																																																			
f. How your age could affect your ability to get a woman pregnant																																																			
g. Factors affecting the ability of your spouse or partner to get pregnant and have a child																																																			

FEMALE QUESTIONNAIRE			MALE QUESTIONNAIRE		
<p>K2. Have you <u>ever</u> gotten information about your fertility or your plans and goals for having or not having children from <u>any</u> of the following sources? For <u>each</u> source, please select Yes or No.</p>			<p>K2. Have you <u>ever</u> gotten information about your fertility or your plans and goals for having or not having children from <u>any</u> of the following sources? For <u>each</u> source, please select Yes or No.</p>		
SOURCES	Yes	No	SOURCES	Yes	No
a. A friend or acquaintance			a. A friend or acquaintance		
b. Your spouse or partner (current or past)			b. Your spouse or partner (current or past)		
c. Your mother or father			c. Your mother or father		
d. A brother, sister, or other relative			d. A brother, sister, or other relative		
e. A doctor, nurse, or other medical care provider			e. A doctor, nurse, or other medical care provider		
f. A teacher or counselor			f. A teacher or counselor		
g. A religious leader			g. A religious leader		
h. A U.S. government website			h. A U.S. government website		
i. Other internet or social media			i. Other internet or social media		
j. A fertility tracking app on your phone			j. A fertility tracking app on your phone		
k. Books, magazines, or pamphlets			k. Books, magazines, or pamphlets		
l. Television or radio			l. Television or radio		
<p>K3. From the list of information sources below, please identify the three sources you would trust the most to give you <u>the most accurate information</u> about your fertility or your plans and goals for having or not having children. Enter the item letter for the first, second, and third most trusted sources.</p>			<p>K3. From the list of information sources below, please identify the three sources you would trust the most to give you <u>the most accurate information</u> about your fertility or your plans and goals for having or not having children. Enter the item letter for the first, second, and third most trusted sources.</p>		
SOURCES	Enter item letter		SOURCES	Enter item letter	
a. A friend or acquaintance	_____ <u>First</u> most trusted source		a. A friend or acquaintance	_____ <u>First</u> most trusted source	
b. Your spouse or partner (current or past)			b. Your spouse or partner (current or past)		
c. Your mother or father	_____ <u>Second</u> most trusted source		c. Your mother or father	_____ <u>Second</u> most trusted source	
d. A brother, sister, or other relative			d. A brother, sister, or other relative		
e. A doctor, nurse, or other medical care provider	_____ <u>Third</u> most trusted source		e. A doctor, nurse, or other medical care provider	_____ <u>Third</u> most trusted source	
f. A teacher or counselor			f. A teacher or counselor		
g. A religious leader			g. A religious leader		
h. A U.S. government website			h. A U.S. government website		
i. Other internet or social media (like Facebook or Twitter)			i. Other internet or social media (like Facebook or Twitter)		
j. A fertility tracking app on your phone			j. A fertility tracking app on your phone		
k. Books, magazines, or pamphlets			k. Books, magazines, or pamphlets		
l. Television or radio			l. Television or radio		

FEMALE QUESTIONNAIRE	MALE QUESTIONNAIRE
<p>SECTION L. Here are some final questions about you.</p>	<p>SECTION L. Here are some final questions about you.</p>
<p>L1. Currently, how important is religion in your daily life?</p> <ol style="list-style-type: none"> 1. Very important 2. Moderately important 3. Not important 	<p>L1. Currently, how important is religion in your daily life?</p> <ol style="list-style-type: none"> 1. Very important 2. Moderately important 3. Not important
<p>L2. Are you Hispanic or Latino, or of Spanish origin?</p> <ol style="list-style-type: none"> 1. Yes 2. No 	<p>L2. Are you Hispanic or Latino, or of Spanish origin?</p> <ol style="list-style-type: none"> 1. Yes 2. No
<p>L3. What is your race? Select all that apply.</p> <ol style="list-style-type: none"> 1. White 2. Black or African American 3. American Indian or Alaska Native 4. Asian 5. Native Hawaiian or Other Pacific Islander 1. Other, specify: _____ 	<p>L3. What is your race? Select all that apply.</p> <ol style="list-style-type: none"> 1. White 2. Black or African American 3. American Indian or Alaska Native 4. Asian 5. Native Hawaiian or Other Pacific Islander 6. Other, specify: _____
<p>L4. Which of the following best describes you?</p> <ol style="list-style-type: none"> 1. Straight (heterosexual) 2. Lesbian or gay (homosexual) 3. Bisexual 4. Don't know or not sure 	<p>L4. Which of the following best describes you?</p> <ol style="list-style-type: none"> 1. Straight (heterosexual) 2. Lesbian or gay (homosexual) 3. Bisexual 4. Don't know or not sure
<p>L5. Which of the following <u>best</u> describes your current employment status?</p> <ol style="list-style-type: none"> 1. Working full time for pay (35 hours or more per week) 2. Working part time for pay (less than 35 hours per week) 3. Working in an unpaid job such as an internship or volunteer 4. Not working—on temporary layoff from a job or looking for work 5. Not working—student 6. Not working—stay-at-home spouse, partner, or caregiver 7. Not working—other 	<p>L5. Which of the following <u>best</u> describes your current employment status?</p> <ol style="list-style-type: none"> 1. Working full time for pay (35 hours or more per week) 2. Working part time for pay (less than 35 hours per week) 3. Working in an unpaid job such as an internship or volunteer 4. Not working—on temporary layoff from a job or looking for work 5. Not working—student 6. Not working—stay-at-home spouse, partner, or caregiver 7. Not working—other
<p>L6. How much is the combined income of all members of YOUR HOUSEHOLD for the PAST 12 MONTHS? Please include your income PLUS the income of all members living in your household (including cohabiting partners and armed forces members living at home). Please</p>	<p>L6. How much is the combined income of all members of YOUR HOUSEHOLD for the PAST 12 MONTHS? Please include your income PLUS the income of all members living in your household (including cohabiting partners and armed forces members living at home). Please</p>

FEMALE QUESTIONNAIRE	MALE QUESTIONNAIRE
<p>count income BEFORE TAXES and from all sources (such as wages, salaries, tips, net income from a business, interest, dividends, child support, alimony, and Social Security, public assistance, pensions, or retirement benefits).</p> <ol style="list-style-type: none"> 1. 1 = Less than \$5,000 2. \$5,000 to \$7,499 3. \$7,500 to \$9,999 4. \$10,000 to \$12,499 5. \$12,500 to \$14,999 6. \$15,000 to \$19,999 7. \$20,000 to \$24,999 8. \$25,000 to \$29,999 9. \$30,000 to \$34,999 10. \$35,000 to \$39,999 11. \$40,000 to \$49,999 12. \$50,000 to \$59,999 13. \$60,000 to \$74,999 14. \$75,000 to \$84,999 15. \$85,000 to \$99,999 16. \$100,000 to \$124,999 17. \$125,000 to \$149,999 18. \$150,000 to \$174,999 19. \$175,000 to \$199,999 20. \$200,000 to \$249,999 21. \$250,000 or more 	<p>count income BEFORE TAXES and from all sources (such as wages, salaries, tips, net income from a business, interest, dividends, child support, alimony, and Social Security, public assistance, pensions, or retirement benefits).</p> <ol style="list-style-type: none"> 1. Less than \$5,000 2. \$5,000 to \$7,499 3. \$7,500 to \$9,999 4. \$10,000 to \$12,499 5. \$12,500 to \$14,999 6. \$15,000 to \$19,999 7. \$20,000 to \$24,999 8. \$25,000 to \$29,999 9. \$30,000 to \$34,999 10. \$35,000 to \$39,999 11. \$40,000 to \$49,999 12. \$50,000 to \$59,999 13. \$60,000 to \$74,999 14. \$75,000 to \$84,999 15. \$85,000 to \$99,999 16. \$100,000 to \$124,999 17. \$125,000 to \$149,999 18. \$150,000 to \$174,999 19. \$175,000 to \$199,999 20. \$200,000 to \$249,999 21. \$250,000 or more
<p>L7. [IF A1>17] <u>Including yourself</u>, how many people are <u>18 years of age or older</u> and currently live in your household at least 50% of the time? Please include unrelated individuals (such as roommates), and also include those now away traveling, away at school, or in a hospital.</p> <p>[IF A1<18] How many people are <u>18 years of age or older</u> and currently live in your household at least 50% of the time? Please include unrelated individuals (such as roommates), and also include those now away traveling, away at school, or in a hospital.</p> <p>ENTER ____ Number of people <u>18 years of age or older</u> who currently live in your household at least 50% of the time</p>	<p>L7. [IF A1>17] <u>Including yourself</u>, how many people are <u>18 years of age or older</u> and currently live in your household at least 50% of the time? Please include unrelated individuals (such as roommates), and also include those now away traveling, away at school, or in a hospital.</p> <p>[IF A1<18] How many people are <u>18 years of age or older</u> and currently live in your household at least 50% of the time? Please include unrelated individuals (such as roommates), and also include those now away traveling, away at school, or in a hospital.</p> <p>ENTER ____ Number of people <u>18 years of age or older</u> who currently live in your household at least 50% of the time</p>

FEMALE QUESTIONNAIRE	MALE QUESTIONNAIRE
<p>L8. [IF A1>17] How many people are 17 years of age or younger and currently live in your household at least 50% of the time? Include babies and small children. If none, enter "0".</p> <p>[IF A1<18] <u>Including yourself</u>, how many people are <u>17 years of age or younger</u> and currently live in your household at least 50% of the time? Include babies and small children. If none, enter "0".</p> <p>ENTER ____ Number of people <u>17 years of age or younger</u> who currently live in your household at least 50% of the time</p>	<p>L8. [IF A1>17] How many people are 17 years of age or younger and currently live in your household at least 50% of the time? Include babies and small children. If none, enter "0".</p> <p>[IF A1<18] <u>Including yourself</u>, how many people are <u>17 years of age or younger</u> and currently live in your household at least 50% of the time? Include babies and small children. If none, enter "0".</p> <p>ENTER ____ Number of people <u>17 years of age or younger</u> who currently live in your household at least 50% of the time</p>
<p>Thank you very much for taking part in this survey!</p> <p>Please click here to see the <u>correct</u> answers to the fertility knowledge questions: [PLACEHOLDER FOR CLIENT PROVIDED LINK WITH CORRECT ANSWERS]</p> <p>For more information about reproductive health, pregnancy, infertility, or contraception, please go to the following websites of the U.S. Department of Health and Human Services Centers for Disease Control and Prevention (CDC):</p> <p>Reproductive Health: https://www.cdc.gov/reproductivehealth/index.html</p> <p>Pregnancy: https://www.cdc.gov/pregnancy/index.html</p> <p>Infertility: https://www.cdc.gov/reproductivehealth/infertility/index.htm</p> <p>Contraception: https://www.cdc.gov/reproductivehealth/contraception/index.htm</p>	<p>Thank you very much for taking part in this survey!</p> <p>Please click here to see the <u>correct</u> answers to the fertility knowledge questions: [PLACEHOLDER FOR CLIENT PROVIDED LINK WITH CORRECT ANSWERS]</p> <p>For more information about reproductive health, pregnancy, infertility, or contraception, please go to the following websites of the U.S. Department of Health and Human Services Centers for Disease Control and Prevention (CDC):</p> <p>Reproductive Health: https://www.cdc.gov/reproductivehealth/index.html</p> <p>Pregnancy: https://www.cdc.gov/pregnancy/index.html</p> <p>Infertility: https://www.cdc.gov/reproductivehealth/infertility/index.htm</p> <p>Contraception: https://www.cdc.gov/reproductivehealth/contraception/index.htm</p>