

ATTACHMENT B
Fertility Knowledge Survey: Female and Male Versions

This page is intentionally blank.

FEMALE QUESTIONNAIRE	MALE QUESTIONNAIRE
<p>INTRODUCTION</p> <p>We are conducting a survey to learn what people your age (18–29 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 possible. Your input is extremely valuable.</p>	<p>INTRODUCTION</p> <p>We are conducting a survey to learn what people your age (18–29 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 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> <p>1. Female 2. Male</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> <p>1. Female 2. Male</p>
<p>SCREENING QUESTIONS</p> <p>S2. Have you <u>ever</u> had any surgical or medical procedure that makes it <u>impossible</u> for you to get pregnant and have a baby in the future? Examples of these include having <u>both</u> tubes tied, cut, removed, or blocked (tubal sterilization, ligation, or occlusion), removal of the uterus or womb (hysterectomy), or removal of <u>both</u> ovaries.</p> <p>1. Yes → TERMINATE 2. No</p>	<p>SCREENING QUESTIONS</p> <p>S2. Have you ever had a vasectomy or any other surgical or medical procedure that makes it impossible for you to get a woman pregnant in the future? A vasectomy is a surgical procedure to cut or block <u>both</u> tubes that carry sperm out of the testicles.</p> <p>1. Yes → TERMINATE 2. No</p>
<p>SECTION A. First, we'd like to ask some questions about you.</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 If A1 is <18 or >29 years → TERMINATE</p>	<p>A1. What is your age?</p> <p>ENTER ___ years If A1 is <18 or >29 years → TERMINATE</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 completed high school (Grade 12) and you are currently attending your first year of college, the <u>highest</u> grade that you have completed is 12th 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 completed high school (Grade 12) and you are currently attending your first year of college, the <u>highest</u> grade that you have completed is 12th 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.</p> <p>By fertility, we mean the ability of a woman to get pregnant and the ability of a man to get a woman pregnant.</p> <p>For <u>a woman</u>, infertility means NOT being able to get pregnant after at least 1 year of trying.</p> <p>For <u>a man</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.</p> <p>By fertility, we mean the ability of a woman to get pregnant and the ability of a man to get a woman pregnant.</p> <p>For <u>a woman</u>, infertility means NOT being able to get pregnant after at least 1 year of trying.</p> <p>For <u>a man</u>, infertility means NOT being able to get a woman pregnant after at least 1 year of trying.</p>
<p>[PLACE ON SEPARATE SCREEN]</p> <p>In this survey, when we use the terms “<u>woman</u>” or “<u>female</u>,” we are referring to people whose sex assigned at birth or “biological sex” is <u>female</u>.</p> <p>Similarly, when we use the terms “<u>man</u>” or “<u>male</u>,” we are referring to people whose sex assigned at birth or “biological sex” is <u>male</u>.</p> <p>A person’s <u>sex assigned at birth</u> (and recorded on the original birth certificate) is based on the appearance of the external and internal genitals and other biological characteristics (e.g., hormones).</p>	<p>[PLACE ON SEPARATE SCREEN]</p> <p>In this survey, when we use the terms “<u>woman</u>” or “<u>female</u>,” we are referring to people whose sex assigned at birth or “biological sex” is <u>female</u>.</p> <p>Similarly, when we use the terms “<u>man</u>” or “<u>male</u>,” we are referring to people whose sex assigned at birth or “biological sex” is <u>male</u>.</p> <p>A person’s <u>sex assigned at birth</u> (and recorded on the original birth certificate) is based on the appearance of the external and internal genitals and other biological characteristics (e.g., hormones).</p>

FEMALE QUESTIONNAIRE	MALE QUESTIONNAIRE
<p>B1.a. Before starting this survey, how much did you know about <u>female</u> fertility?</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</u> fertility?</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</u> fertility?</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</u> fertility?</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 increase 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 an 18 to 29-year-old woman infertile if she had tried to get pregnant but could not after 1 year of regular, unprotected sex with a man. (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 increase 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 an 18 to 29-year-old woman infertile if she had tried to get pregnant but could not after 1 year of regular, unprotected sex with a man. (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>B4. Of the following things, which <u>one</u> would make it the hardest for a woman to get pregnant and have a healthy pregnancy?</p> <ol style="list-style-type: none"> 1. Being under a lot of stress 2. Being over 35 years old 3. Smoking 10 or more cigarettes per day 4. Having 3 or more alcoholic drinks per day 5. Don’t know 	<p>B4. Of the following things, which <u>one</u> would make it the hardest for a woman to get pregnant and have a healthy pregnancy?</p> <ol style="list-style-type: none"> 1. Being under a lot of stress 2. Being over 35 years old 3. Smoking 10 or more cigarettes per day 4. Having 3 or more alcoholic drinks per day 5. 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 haven’t thought about it 	<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 haven’t thought about it

FEMALE QUESTIONNAIRE	MALE QUESTIONNAIRE
<p>The next four questions ask your opinion on the ideal ages for women and men to give birth to or biologically 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 biologically 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>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

FEMALE QUESTIONNAIRE	MALE QUESTIONNAIRE
<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
<p>C5. What do you think is the <u>ideal age</u> at which a <u>man</u> should biologically father his <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>C5. What do you think is the <u>ideal age</u> at which a <u>man</u> should biologically father his <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>SECTION D. The next questions are about your experiences with menstruation, pregnancy, and having children. Remember, the information you provide is confidential.</p>	<p>SECTION D. The next questions are about your experiences with getting a woman pregnant and having children. Remember, 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>

FEMALE QUESTIONNAIRE	MALE QUESTIONNAIRE
<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 is fine.</p> <ol style="list-style-type: none"> 1. Yes 2. No 	<p>D3. Do you have a spouse, partner, or other female (like a gestational carrier or traditional surrogate) who is pregnant with your baby now? If you don't know or are not sure, a best guess is fine. (A gestational carrier/surrogate is a woman who has a fertilized egg (embryo) that is not her own implanted in her uterus, and carries and gives birth to a baby for the intended parent(s). The embryo is created using the egg(s) and sperm of the intended parent(s) or donor(s). A traditional surrogate is a woman who, using her own egg, becomes pregnant with sperm from the intended father or a donor, and carries and gives birth to a baby for the intended parent(s).)</p> <ol style="list-style-type: none"> 1. Yes 2. No
<p>D4. [IF D3 = 1]: <u>Not including your current 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 the current pregnancy</u>, how many times have you gotten a woman pregnant <u>in your life</u>? Please count <u>all</u> of these 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 these 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? Please include only children born alive.</p> <p>ENTER ___ number</p>	<p>D5. How many children have you ever biologically fathered? Please include only children born alive. (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>

FEMALE QUESTIONNAIRE	MALE QUESTIONNAIRE
<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> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 	<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> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know
<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> <ol style="list-style-type: none"> 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>E1. What is your current marital or cohabiting status?</p> <ol style="list-style-type: none"> 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>E2. [IF E1 = 1 OR 3]: What sex is your spouse? Select the sex your spouse was assigned at birth, on their original birth certificate.</p> <p>E2. [IF E1 = 2]: What sex is your partner? Select the sex your partner was assigned at birth, on their original birth certificate.</p> <p>E2. [IF E1 = 4]: What sex was your (most recent) spouse? Select the sex your (most recent) spouse was assigned at birth, on their original birth certificate.</p> <ol style="list-style-type: none"> 1. Male 2. Female 	<p>E2. [IF E1 = 1 OR 3]: What sex is your spouse? Select the sex your spouse was assigned at birth, on their original birth certificate.</p> <p>E2. [IF E1 = 2]: What sex is your partner? Select the sex your partner was assigned at birth, on their original birth certificate.</p> <p>E2. [IF E1 = 4]: What sex was your (most recent) spouse? Select the sex your (most recent) spouse was assigned at birth, on their original birth certificate.</p> <ol style="list-style-type: none"> 1. Male 2. Female
<p>E3. [IF E1 = 1 OR 3]: How old were you when you married your spouse?</p> <p>E3. [IF E1 = 4]: How old were you when you married your (most recent) spouse?</p> <p>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?</p> <p>E3. [IF E1 = 4]: How old were you when you married your (most recent) spouse?</p> <p>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>

FEMALE QUESTIONNAIRE	MALE QUESTIONNAIRE
<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> <ol style="list-style-type: none"> 1. Yes 2. No—SKIP TO SECTION F 	<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> <ol style="list-style-type: none"> 1. Yes 2. No—SKIP TO SECTION F
<p>E5. What sex is your romantic partner? Select the sex your romantic partner was assigned at birth, on their original birth certificate.</p> <ol style="list-style-type: none"> 1. Male 2. Female 	<p>E5. What sex is your romantic partner? Select the sex your romantic partner was assigned at birth, on their original birth certificate.</p> <ol style="list-style-type: none"> 1. Male 2. Female
<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>
<p>SECTION F.</p> <p>The next questions are about your feelings and intentions, if any, about having children that you give birth to in the future.</p> <p>Sometimes what people <u>want</u> and what they <u>intend</u> are different because they are not able to do what they want.</p> <p><u>Intentions</u> refer to what you are realistically going to try to do, and not what you want.</p>	<p>SECTION F.</p> <p>The next questions are about your feelings and intentions, if any, about having children that you biologically father in the future.</p> <p>Sometimes what people <u>want</u> and what they <u>intend</u> are different because they are not able to do what they want.</p> <p><u>Intentions</u> refer to what you are realistically going to try to do, and not what you want.</p>

FEMALE QUESTIONNAIRE	MALE QUESTIONNAIRE
<p>F1. [IF D3=1]: 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, after your current pregnancy is over)?</p> <p>[IF D3=2]: 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?</p> <ol style="list-style-type: none"> 1. Not at all 2. A little 3. A moderate amount 4. A lot 	<p>F1. [IF D3=1]: 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, after the current pregnancy is over)? (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 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? (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. Not at all 2. A little 3. A moderate amount 4. A lot
<p>F2. [IF D3=1] In the future, after your current 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 4. Definitely no 5. Don’t know <p>IF F2 = 3-5 SKIP TO F7</p>	<p>F2. [IF D3=1] In the future, after the current pregnancy is over, do you <u>want</u> to have [IF D5 > 0 “more”] children that you biologically father?</p> <p>[D3=2] In the future, do you <u>want</u> to have [IF D5 > 0 “more”] children that you biologically father?</p> <ol style="list-style-type: none"> 1. Definitely yes 2. Probably yes 3. Probably no 4. Definitely no 5. Don’t know <p>IF F2 = 3-5 SKIP TO F7</p>

FEMALE QUESTIONNAIRE	MALE QUESTIONNAIRE
<p>F3. [IF F2=1 OR 2 AND D3=1] After your current 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 4. Definitely no 5. Don’t know <p>IF F3 = 3-5 SKIP TO F7</p>	<p>F3. [IF F2=1 OR 2 AND D3=1] After the 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 4. Definitely no 5. Don’t know <p>IF F3 = 3-5 SKIP TO F7</p>
<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 <p>IF F4 = 5 SKIP TO F7</p>	<p>F4. [IF D3 = 1]: Not counting the current pregnancy, how many [IF D5 > 0, “more”] children do you realistically <u>intend</u> to biologically father in the future?</p> <p>[IF D3 = 2]: How many [IF D5 > 0, “more”] children do you realistically <u>intend</u> to biologically father in the future?</p> <ol style="list-style-type: none"> 1. 1 2. 2 3. 3 4. 4 or more 5. Don’t know <p>IF F4 = 5 SKIP TO F7</p>

F5. [IF F4=1-4 AND D3=1] Not counting your current pregnancy and 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=20-24 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 A1=25-29, 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

F5. [IF F4=1-4 AND D3=1] Not counting the current pregnancy and considering everything in your life, at what age do you expect the next child that you biologically father to be born?

[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?

[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?

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=20-24 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 A1=25-29, 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

FEMALE QUESTIONNAIRE	MALE QUESTIONNAIRE
<p>F6. [IF D3=1] Not counting your current pregnancy and 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) 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=20-24, 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>If A1=25-29, 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>IFE1=3-5 AND E4=2, SKIP TO SECTION G. OTHERWISE, ASK F7.</p>	<p>[IF F4 = 1, SKIP TO F7. OTHERWISE ASK F6]</p> <p>F6. [IF D3=1] Not counting the current pregnancy and 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) 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=20-24, 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>If A1=25-29 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 E1=3-5 AND E4=2, SKIP TO SECTION G. OTHERWISE, ASK F7.</p>

FEMALE QUESTIONNAIRE	MALE QUESTIONNAIRE
<p>F7. [IF E1=1-2]: Have you ever talked with your spouse or partner about whether they want to have any (more) children together with you in the future? Do not include intended adoptions or stepchildren.</p> <p>[IF E1=3-5 AND E4=1]: Have you ever talked with your romantic partner about whether they want to have any (more) children together with you in the future? Do not include intended adoptions or stepchildren.</p> <p>1. Yes 2. No—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 (more) children together with you in the future? Do not include intended adoptions or stepchildren.</p> <p>[IF E1=3-5 AND E4=1]: Have you ever talked with your romantic partner about whether they want to have any (more) children together with you in the future? Do not include intended adoptions or stepchildren.</p> <p>1. Yes 2. No—SKIP TO SECTION G</p>
<p>F8. [IF D3=1 AND ((E1=1-2 AND E2=1) OR (E1=3-5 AND E4=1 AND E5=1))]: After your current 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 (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=1 AND ((E1=1-2 AND E2=2) OR (E1=3-5 AND E4=1 AND E5=2))]: After your current pregnancy is over, does your spouse or partner <u>want you</u> to give birth to any (more) children in the future?</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 you</u> to give birth to any (more) children in the future?</p> <p>1. Definitely yes 2. Probably yes 3. Probably no 4. Definitely no 5. Don't know</p>	<p>F8. [IF D3=1 AND ((E1=1-2 AND E2=2) OR (E1=3-5 AND E4=1 AND E5=2))]: After the current 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 (more) children that you biologically father in the future? (Do not include intended adoptions or stepchildren.)</p> <p>[IF D3=1 AND ((E1=1-2 AND E2=1) OR (E1=3-5 AND E4=1 AND E5=1))]: After the current pregnancy is over, does your spouse or partner <u>want you</u> to 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> <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 you</u> to 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> <p>1. Definitely yes 2. Probably yes 3. Probably no 4. Definitely no 5. Don't know</p>
<p>SECTION G. Now we'd like to ask you questions about your own fertility status.</p>	<p>SECTION G. Now we'd like to ask you questions about your own fertility status.</p>

FEMALE QUESTIONNAIRE		MALE QUESTIONNAIRE																																											
<p>G1. Some people have difficulty or are unable to get pregnant. If you tried, 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. Slightly 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 biologically father a child. If you tried, how likely is it that you would have difficulty or be unable to get a woman pregnant?</p> <ol style="list-style-type: none"> 1. Not at all likely—SKIP TO G3 2. Slightly 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"> <thead> <tr> <th></th> <th>Yes</th> <th>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></td> <td></td> </tr> <tr> <td>b. Other women in your family are infertile or have had difficulty getting pregnant.</td> <td></td> <td></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></td> <td></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></td> <td></td> </tr> <tr> <td>e. You have had an operation or procedure that makes it impossible for you to have a baby.</td> <td></td> <td></td> </tr> <tr> <td>f. [IF (E1 = 1 OR 2 AND E2 = 1) OR (E1 = 3-5 AND E4 = 1 AND E5 = 1) SHOW: Your male spouse or partner has had an operation that makes it impossible for him to get you pregnant.</td> <td></td> <td></td> </tr> </tbody> </table>			Yes	No	a. A doctor has told you that you are infertile or that you might have difficulty getting pregnant.			b. Other women in your family are infertile or have had difficulty getting pregnant.			c. You have had vaginal intercourse many times with a man without using a birth control method and you have not gotten pregnant.			d. You do not have menstrual periods, or the length of your menstrual cycle varies from month to month.			e. You have had an operation or procedure that makes it impossible for you to have a baby.			f. [IF (E1 = 1 OR 2 AND E2 = 1) OR (E1 = 3-5 AND E4 = 1 AND E5 = 1) SHOW: Your male spouse or partner has had an operation that makes it impossible for him to get you pregnant.			<p>G2. Which of the following are reasons why you think you might have difficulty or be unable to get a woman pregnant? For each reason, please select Yes if it applies to you or No if it does not.</p> <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>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></td> <td></td> </tr> <tr> <td>b. Other men in your family are infertile or have had difficulty getting a woman pregnant.</td> <td></td> <td></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></td> <td></td> </tr> <tr> <td>d. Blank</td> <td></td> <td></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></td> <td></td> </tr> <tr> <td>f. [IF (E1 = 1 OR 2 AND E2 = 2) OR (E1 = 3-5 AND E4 = 1 AND E5 = 2) SHOW: Your female spouse or partner has had an operation that makes it impossible for her to get pregnant.</td> <td></td> <td></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.			b. Other men in your family are infertile or have had difficulty getting a woman pregnant.			c. You have had vaginal intercourse many times with a woman without using a birth control method and you have not gotten her pregnant.			d. Blank			e. You have had an operation or procedure that makes it impossible for you to get a woman pregnant.			f. [IF (E1 = 1 OR 2 AND E2 = 2) OR (E1 = 3-5 AND E4 = 1 AND E5 = 2) SHOW: Your female spouse or partner has had an operation that makes it impossible for her to get pregnant.		
	Yes	No																																											
a. A doctor has told you that you are infertile or that you might have difficulty getting pregnant.																																													
b. Other women in your family are infertile or have had difficulty getting pregnant.																																													
c. You have had vaginal intercourse many times with a man without using a birth control method and you have not gotten pregnant.																																													
d. You do not have menstrual periods, or the length of your menstrual cycle varies from month to month.																																													
e. You have had an operation or procedure that makes it impossible for you to have a baby.																																													
f. [IF (E1 = 1 OR 2 AND E2 = 1) OR (E1 = 3-5 AND E4 = 1 AND E5 = 1) SHOW: Your male spouse or partner has had an operation that makes it impossible for him to get you pregnant.																																													
	Yes	No																																											
a. A doctor has told you that you are infertile or that you might have difficulty getting a woman pregnant.																																													
b. Other men in your family are infertile or have had difficulty getting a woman pregnant.																																													
c. You have had vaginal intercourse many times with a woman without using a birth control method and you have not gotten her pregnant.																																													
d. Blank																																													
e. You have had an operation or procedure that makes it impossible for you to get a woman pregnant.																																													
f. [IF (E1 = 1 OR 2 AND E2 = 2) OR (E1 = 3-5 AND E4 = 1 AND E5 = 2) SHOW: Your female spouse or partner has had an operation that makes it impossible for her to get pregnant.																																													
<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>																							
	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>	Yes	No																						
Yes	No																								
a. Advice or counseling on fertility																									
b. Infertility testing																									
c. Surgery to repair damaged or blocked tubes (female or male)																									
d. Injecting sperm into your uterus (Intrauterine insemination)																									
e. Drugs to help ovulation (develop eggs and release them from ovaries)																									
f. Treatment for conditions of the ovaries or uterus (like polycystic ovary syndrome, endometriosis, or uterine fibroids)																									
g. Other medical help for <u>female</u> infertility (like problems with sexual intercourse or genetic conditions)																									
h. Other medical help for <u>male</u> infertility (like treatment for low/abnormal sperm count, varicocele, or hydrocele)																									
<p>G5. How concerned are you about <u>your</u> ability to get pregnant in the future?</p> <ol style="list-style-type: none"> 1. Not at all concerned 2. Slightly concerned 3. Moderately concerned 4. Very concerned 5. Extremely concerned 6. I haven't thought about it <p>[(IF E1 = 3-5 AND E4=2), 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> <ol style="list-style-type: none"> 1. Not at all concerned 2. Slightly concerned 3. Moderately concerned 4. Very concerned 5. Extremely concerned 6. I haven't thought about it <p>[(IF E1 = 3-5 AND E4=2), 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. Slightly concerned 3. Moderately concerned 4. Very concerned 5. Extremely concerned 6. I haven't thought about it 	<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. Slightly concerned 3. Moderately concerned 4. Very concerned 5. Extremely concerned 6. I haven't thought about it
<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. Later, when she is ready to try to get pregnant, her eggs can 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. Later, when she is ready to try to get pregnant, her eggs can 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>

FEMALE QUESTIONNAIRE	MALE QUESTIONNAIRE
<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. Slightly 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 <u>imagine that you had to delay</u> getting your spouse or partner pregnant until an age when you might be worried about her ability to 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. Slightly likely 3. Moderately likely 4. Very likely 5. Extremely likely
<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> <ol style="list-style-type: none"> 1. Yes 2. No—SKIP TO H8 	<p>H1. At <u>any time in your life</u>, have you ever had vaginal intercourse with a woman?</p> <ol style="list-style-type: none"> 1. Yes 2. No—SKIP TO H8
<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>H3a. In the <u>past 3 months</u>, how many men, if any, have you had vaginal intercourse with? Please count all male sexual partners, even those you had vaginal intercourse with only once.</p> <ol style="list-style-type: none"> 0. 0 1. 1 2. 2 3. 3 4. 4-5 5. 6-9 6. 10 or more 	<p>H3a. In the <u>past 3 months</u>, how many women, if any, have you had vaginal intercourse with? Please count all female sexual partners, even those you had vaginal intercourse with only once.</p> <ol style="list-style-type: none"> 0. 0 1. 1 2. 2 3. 3 4. 4-5 5. 6-9 6. 10 or more

FEMALE QUESTIONNAIRE					MALE QUESTIONNAIRE				
<p>H3b. In the <u>past 12 months</u>, how many men, [IF H3a=0, "if any,"] have you had vaginal intercourse with? Please count all male sexual partners, even those you had vaginal intercourse with only once.</p> <p>0. 0 1. 1 2. 2 3. 3 4. 4-5 5. 6-9 6. 10 or more</p>					<p>H3b. In the <u>past 12 months</u>, how many women, [IF H3a=0, "if any,"] have you had vaginal intercourse with? Please count all female sexual partners, even those you had vaginal intercourse with only once.</p> <p>0. 0 1. 1 2. 2 3. 3 4. 4-5 5. 6-9 6. 10 or more</p>				
IF H3b = 0, SKIP TO H8					IF H3b = 0, SKIP TO H8				
<p>H4. In the <u>past 12 months</u>, have you or any male sexual partner used any of the birth control methods listed below <u>to prevent pregnancy</u>? For each method, select Yes, No, Not Sure if Used Method, or Don't Know Method. Please select Yes even if you used the method only <u>once</u>.</p>					<p>H4. In the <u>past 12 months</u>, have you or any female sexual partner used any of the birth control methods listed below <u>to prevent pregnancy</u>? For each method, select Yes, No, Not Sure if Used Method, or Don't Know Method. Please select Yes even if you used the method only <u>once</u>.</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®, Skyla®, Kyleena®, or Liletta®)					e. IUD (Paragard®, Mirena®, Skyla®, Kyleena®, or Liletta®)				
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 method)					h. Fertility awareness method (like calendar/rhythm, temperature, or cervical mucus 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				
[IF IN H4, ANY OF ITEMS A-J WAS YES," ASK H5. OTHERWISE, SKIP TO H6a					[IF IN H4, ANY OF ITEMS A-J WAS YES," ASK H5. OTHERWISE, SKIP TO H6a.				

FEMALE QUESTIONNAIRE	MALE QUESTIONNAIRE
<p>H5. [IF D3=1]: Please think about <u>all the times</u> you had vaginal intercourse <u>in the past 12 months</u>. Before your current 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> <p>[IF D3=2]: Please think about <u>all the times</u> you had vaginal intercourse <u>in the past 12 months</u>. 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 time 	<p>H5. [D3=1]: Please think about <u>all the times</u> you had vaginal intercourse <u>in the past 12 months</u>. Before the current pregnancy, 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> <p>[IF D3=2]: Please think about <u>all the times</u> you had vaginal intercourse <u>in the past 12 months</u>. 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"> 1. Never or almost never 2. Some of the times 3. About half of the times 4. Most of the time 5. Every time
<p>H6a. Please think about the <u>last time</u> you had vaginal intercourse with a man. Did you or your male sexual partner use any birth control method to <u>prevent pregnancy</u>?</p> <ol style="list-style-type: none"> 1. Yes 2. No—SKIP TO H6c 	<p>H6a. Please think about the <u>last time</u> you had vaginal intercourse with a woman. Did you or your female sexual partner use any birth control method to <u>prevent pregnancy</u>?</p> <ol style="list-style-type: none"> 1. Yes 2. No—SKIP TO H6c
<p>H6b. Which birth control method(s) did you or your male sexual partner use the <u>last time</u> you had vaginal intercourse? Please select all methods used.</p> <ol style="list-style-type: none"> a. Birth control pills b. Condoms c. Shots or injections (Depo-Provera®) d. Patch (Xulane®) or vaginal ring (NuvaRing®) e. IUD (Paragard®, Mirena®, Skyla®, Kyleena®, or Liletta®) f. Implant (Nexplanon®) g. Withdrawal or pulling out h. Fertility awareness method (like calendar/rhythm, temperature, or cervical mucus method) i. Male partner’s vasectomy (male sterilizing operation) j. Other method <p>SKIP TO H7</p>	<p>H6b. Which birth control method(s) did you or your female sexual partner use the <u>last time</u> you had vaginal intercourse? Please select all methods used.</p> <ol style="list-style-type: none"> a. Birth control pills b. Condoms c. Shots or injections (Depo-Provera®) d. Patch (Xulane®) or vaginal ring (NuvaRing®) e. IUD (Paragard®, Mirena®, Skyla®, Kyleena®, or Liletta®) f. Implant (Nexplanon®) g. Withdrawal or pulling out h. Fertility awareness method (like calendar/rhythm, temperature, or cervical mucus method) i. Male partner’s vasectomy (male sterilizing operation) j. Other method <p>SKIP TO H7</p>

FEMALE QUESTIONNAIRE			MALE QUESTIONNAIRE		
<p>H6c. What are the reasons that you or your male sexual partner did <u>not</u> use any birth control method the <u>last time</u> you had vaginal intercourse <u>to prevent pregnancy</u>? For each reason below, please select Yes if it applies to you or No if it does not.</p>			<p>H6c. What are the reasons that you or your female sexual partner did <u>not</u> use any birth control method the <u>last time</u> you had vaginal intercourse <u>to prevent pregnancy</u>? For each reason below, please select Yes if it applies to you or No if it does not.</p>		
	Yes	No		Yes	No
a. I didn't think I could get pregnant			a. I didn't think I could get my partner pregnant		
b. I didn't think my partner could get me pregnant			b. I didn't think my partner could get pregnant		
c. I didn't expect to have sex			c. I didn't expect to have sex		
d. I didn't really care or mind if I got pregnant			d. I didn't really care or mind if I got my partner pregnant		
e. I was trying to get pregnant			e. I was trying to get my partner pregnant		
f. My male partner did not want me to use a birth control method			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			g. I was worried about the side effects of birth control methods for my partner		
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		
<p>H7. In the <u>past 12 months</u>, have you or any male sexual partner used condoms during vaginal intercourse <u>to prevent sexually transmitted diseases (STDs)</u>?</p>			<p>H7. In the <u>past 12 months</u>, have you or any female sexual partner used condoms during vaginal intercourse <u>to prevent sexually transmitted diseases (STDs)</u>?</p>		
<p>1. Yes 2. No 3. Don't know or not sure</p>			<p>1. Yes 2. No 3. Don't know or not sure</p>		

FEMALE QUESTIONNAIRE					MALE QUESTIONNAIRE				
<p>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.</p>					<p>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.</p>				
	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 <u>never</u> had a child. An IUD (intrauterine device) is a small device placed into a woman’s uterus to prevent pregnancy.					a. A woman can use an IUD even if she has <u>never</u> had a child. An IUD (intrauterine device) is a small device placed into a woman’s uterus to prevent pregnancy.				
b. Women who stop using an IUD <u>take longer</u> to get pregnant than women who have not used an IUD.					b. Women who stop using an IUD <u>take longer</u> to get pregnant than women who have not used an IUD.				
c. Taking birth control pills is <u>riskier</u> to a woman’s health than having a baby (including pregnancy, labor, and delivery).					c. Taking birth control pills is <u>riskier</u> to a woman’s health than having a baby (including pregnancy, labor, and delivery).				
<p>Section J. The next questions ask about health care and your health.</p>					<p>Section J. The next questions ask about health care and your health.</p>				
<p>J1. Is there a place where you <u>usually</u> go for general health care such as when you are sick, need advice about your health, or need routine medical care?</p> <p>1. Yes 2. No</p>					<p>J1. Is there a place where you <u>usually</u> go for general health care such as when you are sick, need advice about your health, or need routine medical care?</p> <p>1. Yes 2. No</p>				
<p>J2. Is there a place where you <u>usually</u> go for 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 where you <u>usually</u> go for 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>				

FEMALE QUESTIONNAIRE			MALE QUESTIONNAIRE		
J3. In the <u>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.			J3. In the <u>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.		
	Yes	No		Yes	No
a. General or routine physical exam			a. General or routine physical exam		
b. Visit for an illness or injury			b. Visit for an illness or injury		
c. STD or HIV: Testing, treatment, information, or advice			c. STDs or HIV: Testing, treatment, information, or advice		
d. Birth control: Information, advice, or a prescription, placement/insertion, or administration of a contraceptive device or method			d. Birth control: Information, advice, or method (like condoms)		
e. Other sexual/reproductive health care (like Pap smear or pelvic exam, pregnancy test, or prenatal or postnatal care)			e. Other sexual/reproductive health care (like testicular or penis exam)		
J4. In the past 12 months, was there a time that you did <u>not</u> have any health insurance or coverage?			J4. In the past 12 months, was there a time that you did <u>not</u> have any health insurance or coverage?		
1. Yes 2. No -- SKIP TO J6 3. Unsure or Don't know-- SKIP TO J6			1. Yes 2. No -- SKIP TO J6 3. Unsure or Don't know-- SKIP TO J6		
J5. In <u>how many of the past 12 months</u> were you <u>without</u> coverage?			J5. In <u>how many of the past 12 months</u> were you <u>without</u> coverage?		
ENTER ____ Number of months			ENTER ____ Number of months		
J6. In general, how would you describe your physical health?			J6. In general, how would you describe your physical health?		
1. Excellent 2. Very good 3. Good 4. Fair 5. Poor			1. Excellent 2. Very good 3. Good 4. Fair 5. Poor		
J7. How tall are you? A best guess is fine.			J7. How tall are you? A best guess is fine.		
ENTER ____ FEET [RANGE 3-7] ENTER ____ INCHES [RANGE 0-11]			ENTER ____ FEET [RANGE 3-7] ENTER ____ INCHES [RANGE 0-11]		
J8. How much do you weigh? A best guess is fine.			J8. How much do you weigh? A best guess is fine.		
ENTER ____ Pounds			ENTER ____ Pounds		

FEMALE QUESTIONNAIRE	MALE QUESTIONNAIRE
<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 cigarettes did you smoke per day on average?</p> <ol style="list-style-type: none"> 1. Less than 1 cigarette per day 2. 1 to 10 cigarettes per day 3. 11 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 cigarettes did you smoke per day on average?</p> <ol style="list-style-type: none"> 1. Less than 1 cigarette per day 2. 1 to 10 cigarettes per day 3. 11 to 20 cigarettes per day (1/2 to 1 pack) 4. More than 20 cigarettes per day
<p>J13. <u>During the past 30 days</u>, on how many days did you use e-cigarettes? (E-cigarettes are battery-powered devices that usually contain a nicotine-based liquid that is vaporized and inhaled.)</p> <ol style="list-style-type: none"> 1. 0 days 2. 1 or 2 days 3. 3 to 5 days 4. 6 to 9 days 5. 10 to 19 days 6. 20 to 29 days 7. All 30 days 	<p>J13. <u>During the past 30 days</u>, on how many days did you use e-cigarettes? (E-cigarettes are battery-powered devices that usually contain a nicotine-based liquid that is vaporized and inhaled.)</p> <ol style="list-style-type: none"> 1. 0 days 2. 1 or 2 days 3. 3 to 5 days 4. 6 to 9 days 5. 10 to 19 days 6. 20 to 29 days 7. All 30 days

FEMALE QUESTIONNAIRE			MALE QUESTIONNAIRE																																																												
<p>J14. In the <u>past 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>J14. In the <u>past 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> <tr> <td>h. How to get and use donor sperm</td> <td></td> <td></td> </tr> <tr> <td>i. How to use an egg donor, gestational carrier/surrogate, or traditional surrogate (A gestational carrier/surrogate is a woman who has a fertilized egg (embryo) that is not her own implanted in her uterus, and carries and gives birth to a baby for the intended parent(s). The embryo is created using the egg(s) and sperm of the intended parent(s) or donor(s). A traditional surrogate is a woman who, using her own egg, becomes pregnant with sperm from the intended father or a donor, and carries and gives birth to a baby for the intended parent(s).</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			h. How to get and use donor sperm			i. How to use an egg donor, gestational carrier/surrogate, or traditional surrogate (A gestational carrier/surrogate is a woman who has a fertilized egg (embryo) that is not her own implanted in her uterus, and carries and gives birth to a baby for the intended parent(s). The embryo is created using the egg(s) and sperm of the intended parent(s) or donor(s). A traditional surrogate is a woman who, using her own egg, becomes pregnant with sperm from the intended father or a donor, and carries and gives birth to a baby for the intended parent(s).					<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> <tr> <td>h. How to get and use donor sperm</td> <td></td> <td></td> </tr> <tr> <td>i. How to use an egg donor, gestational carrier/surrogate, or traditional surrogate</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			h. How to get and use donor sperm			i. How to use an egg donor, gestational carrier/surrogate, or traditional surrogate		
	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																																																															
h. How to get and use donor sperm																																																															
i. How to use an egg donor, gestational carrier/surrogate, or traditional surrogate (A gestational carrier/surrogate is a woman who has a fertilized egg (embryo) that is not her own implanted in her uterus, and carries and gives birth to a baby for the intended parent(s). The embryo is created using the egg(s) and sperm of the intended parent(s) or donor(s). A traditional surrogate is a woman who, using her own egg, becomes pregnant with sperm from the intended father or a donor, and carries and gives birth to a baby for the intended parent(s).																																																															
	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																																																															
h. How to get and use donor sperm																																																															
i. How to use an egg donor, gestational carrier/surrogate, or traditional surrogate																																																															

FEMALE QUESTIONNAIRE			MALE QUESTIONNAIRE		
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 .			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 .		
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		

FEMALE QUESTIONNAIRE	MALE QUESTIONNAIRE																																								
<p>K3. From the list of information sources below, please identify <u>the three sources</u> you would trust the most to give you <u>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> <table border="1" data-bbox="130 318 1024 922"> <thead> <tr> <th>SOURCES</th> <th>Enter item letter</th> </tr> </thead> <tbody> <tr> <td>a. A friend or acquaintance</td> <td>_____ <u>First</u> most trusted source</td> </tr> <tr> <td>b. Your spouse or partner (current or past)</td> <td>_____ <u>Second</u> most trusted source</td> </tr> <tr> <td>c. Your mother or father</td> <td rowspan="4">_____ <u>Third</u> most trusted source</td> </tr> <tr> <td>d. A brother, sister, or other relative</td> </tr> <tr> <td>e. A doctor, nurse, or other medical care provider</td> </tr> <tr> <td>f. A teacher or counselor</td> </tr> <tr> <td>g. A religious leader</td> <td></td> </tr> <tr> <td>h. A U.S. government website</td> <td></td> </tr> <tr> <td>i. Other internet or social media (like Facebook or Twitter)</td> <td></td> </tr> <tr> <td>j. A fertility tracking app on your phone</td> <td></td> </tr> <tr> <td>k. Books, magazines, or pamphlets</td> <td></td> </tr> <tr> <td>l. Television or radio</td> <td></td> </tr> </tbody> </table>	SOURCES	Enter item letter	a. A friend or acquaintance	_____ <u>First</u> most trusted source	b. Your spouse or partner (current or past)	_____ <u>Second</u> most trusted source	c. Your mother or father	_____ <u>Third</u> most trusted source	d. A brother, sister, or other relative	e. A doctor, nurse, or other medical care provider	f. A teacher or counselor	g. A religious leader		h. A U.S. government website		i. Other internet or social media (like Facebook or Twitter)		j. A fertility tracking app on your phone		k. Books, magazines, or pamphlets		l. Television or radio		<p>K3. From the list of information sources below, please identify the <u>three sources</u> you would trust the most to give you <u>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> <table border="1" data-bbox="1073 318 2003 894"> <thead> <tr> <th>SOURCES</th> <th>Enter item letter</th> </tr> </thead> <tbody> <tr> <td>a. A friend or acquaintance</td> <td>_____ <u>First</u> most trusted source</td> </tr> <tr> <td>b. Your spouse or partner (current or past)</td> <td rowspan="2">_____ <u>Second</u> most trusted source</td> </tr> <tr> <td>c. Your mother or father</td> </tr> <tr> <td>d. A brother, sister, or other relative</td> <td rowspan="10">_____ <u>Third</u> most trusted source</td> </tr> <tr> <td>e. A doctor, nurse, or other medical care provider</td> </tr> <tr> <td>f. A teacher or counselor</td> </tr> <tr> <td>g. A religious leader</td> </tr> <tr> <td>h. A U.S. government website</td> </tr> <tr> <td>i. Other internet or social media (like Facebook or Twitter)</td> </tr> <tr> <td>j. A fertility tracking app on your phone</td> </tr> <tr> <td>k. Books, magazines, or pamphlets</td> </tr> <tr> <td>l. Television or radio</td> </tr> </tbody> </table>	SOURCES	Enter item letter	a. A friend or acquaintance	_____ <u>First</u> most trusted source	b. Your spouse or partner (current or past)	_____ <u>Second</u> most trusted source	c. Your mother or father	d. A brother, sister, or other relative	_____ <u>Third</u> most trusted source	e. A doctor, nurse, or other medical care provider	f. A teacher or counselor	g. A religious leader	h. A U.S. government website	i. Other internet or social media (like Facebook or Twitter)	j. A fertility tracking app on your phone	k. Books, magazines, or pamphlets	l. Television or radio
SOURCES	Enter item letter																																								
a. A friend or acquaintance	_____ <u>First</u> most trusted source																																								
b. Your spouse or partner (current or past)	_____ <u>Second</u> most trusted source																																								
c. Your mother or father	_____ <u>Third</u> most trusted source																																								
d. A brother, sister, or other relative																																									
e. A doctor, nurse, or other medical care provider																																									
f. A teacher or counselor																																									
g. A religious leader																																									
h. A U.S. government website																																									
i. Other internet or social media (like Facebook or Twitter)																																									
j. A fertility tracking app on your phone																																									
k. Books, magazines, or pamphlets																																									
l. Television or radio																																									
SOURCES	Enter item letter																																								
a. A friend or acquaintance	_____ <u>First</u> most trusted source																																								
b. Your spouse or partner (current or past)	_____ <u>Second</u> most trusted source																																								
c. Your mother or father																																									
d. A brother, sister, or other relative	_____ <u>Third</u> most trusted source																																								
e. A doctor, nurse, or other medical care provider																																									
f. A teacher or counselor																																									
g. A religious leader																																									
h. A U.S. government website																																									
i. Other internet or social media (like Facebook or Twitter)																																									
j. A fertility tracking app on your phone																																									
k. Books, magazines, or pamphlets																																									
l. Television or radio																																									
<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 																																								

FEMALE QUESTIONNAIRE	MALE QUESTIONNAIRE
<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>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>L4a. Which of the following best describes you?</p> <ol style="list-style-type: none"> 1. Heterosexual or straight 2. Gay or lesbian 3. Bisexual 4. Don't know or not sure 	<p>L4a. Which of the following best describes you?</p> <ol style="list-style-type: none"> 1. Heterosexual or straight 2. Gay or lesbian 3. Bisexual 4. Don't know or not sure
<p>L4b. Do you consider yourself to be transgender?</p> <ol style="list-style-type: none"> 1. Yes, transgender, male to female 2. Yes, transgender, female to male 3. Yes, transgender, non-conforming 4. No 	<p>L4b. Do you consider yourself to be transgender?</p> <ol style="list-style-type: none"> 1. Yes, transgender, male to female 2. Yes, transgender, female to male 3. Yes, transgender, non-conforming 4. No
<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?</p> <p>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 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>	<p>L6. How much is the combined income of all members of YOUR HOUSEHOLD for the PAST 12 MONTHS?</p> <p>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 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>

FEMALE QUESTIONNAIRE	MALE QUESTIONNAIRE
<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 	<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. <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>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. <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>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>L8. 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. 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>

FEMALE QUESTIONNAIRE	MALE QUESTIONNAIRE
<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>