

ICPSR 37067

**Continuity and Change in  
Contraceptive Use, United States,  
2012-2014**

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Questionnaire for Wave 1

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**16532- Women Wave 1****August, 2012****- Study Details -**

**Note:** *This page may be removed when the questionnaire is sent to the client. However, it must exist in the version sent to OSD.*

<b>SNO</b>	<b>16532</b>
<b>Survey Name</b>	<b>Women Wave 1</b>
<b>Client Name</b>	<b>Guttmacher Institute</b>
<b>Great Plains Project Number</b>	<b>O526414001</b>
<b>Project Director Name</b>	<b>Sergei Rodkin</b>
<b>Team/Area Name</b>	<b>S2</b>

<b>Samvar</b> (Include name, type and response values. "None" means none. Blank means standard demos. This must match SurveyMan.)	<b>Xspanish, Xprimelan</b>
<b>Specified Pre-coding Required</b>	
<b>Timing Template Required (y/n)</b>	
<b>Multi-Media</b>	<b>No</b>

**Important:** Do not change Question numbers after Version 1; to add a new question, use alpha characters (e.g., 3a, 3b, 3c.) Changing question numbers will cause delays and potentially errors in the program.

16532- Women Wave 1  
August, 2012  
- Questionnaire -

**Screening items (for women aged 18-39)**

**[SP, PROMPT IF SKIP]**

S1. Have you ever had sex with a man? (By sex, we mean when a man puts his penis in a woman's vagina.)

1. YES
2. NO (TERMINATE)

**[SP, PROMPT IF SKIP]**

S2. Have you had a tubal ligation or another operation that makes you unable to get pregnant?

1. YES (TERMINATE)
2. NO

S2a. Do you currently have a sexual partner who has had a vasectomy or other operation that prevents him from getting you pregnant?

1. YES (TERMINATE)
2. NO

**[SP, PROMPT IF SKIP]**

S3. Are you currently pregnant?

1. YES (TERMINATE)
2. NO

**If YES on #1 and NO on #2, #2a and #3, go to Study Introduction, ELSE TERMINATE.**

## Study Introduction for Pre-test Survey

### [DISPLAY]

The Guttmacher Institute, a non-profit research organization, is collecting information to better understand women's romantic relationships, their plans to have children and their contraceptive use. Please help by answering the survey. We will be contacting you again in May 2013, November 2013 and May 2014 to fill out follow up surveys asking similar types of questions.

Your participation is voluntary, and there are no direct benefits to participating in this study. While the risks are minimal, some of the items are about sensitive issues like sex and birth control and may make you uncomfortable; you can skip these questions as well as any that you are unable to answer. We also recommend that you take the survey in a private setting. The survey should take 15-20 minutes to complete. We are not requesting your name or any other identifying information. This survey is confidential and anonymous, and the information you provide will be used for research purposes only.

We appreciate your time and participation. You can find out more about the Institute by visiting our website: <http://www.guttmacher.org/index.html>

**BASELINE LONGITUDINAL CONTRACEPTIVE SURVEY**

**[DISPLAY]**

First we would like to know a few things about any romantic relationships you are currently involved in.

**[MP]**

1. What is your current marital status?
  - 1- Married
  - 2- Not married but living together with a partner
  - 3- Separated from my spouse
  - 4- Never been married
  - 5- Widowed
  - 6- Divorced

**[SP, IF Q1=3]**

- 1b. Do you still consider your spouse to be your current romantic or sexual partner?
  - 1- YES
  - 2- NO

**[SP, IF Q1=4, 5, 6, OR Q1B=2]**

2. Is there someone whom you see or date on a more or less regular basis?
  - 1- YES
  - 2- NO → SKIP TO #14

**[SP, IF Q2=1]**

- 2b. How many partners of this type do you have?
  - 1- 1
  - 2- 2
  - 3- 3 or more

**[TEXT BOX, PROMPT IF SKIP]**

We are asking for your partner's initials so that we can clearly refer to them in later questions. In addition, when we survey you again in six months, we will ask if you are still with the same partner using these initials. This information will be confidential.

3.
  1. [IF Q1=1, OR Q1=3 and Q1b=1]What are your spouse's initials?: \_\_\_\_\_
  2. [IF Q1=2]What are the initials of the partner you currently live with?: \_\_\_\_\_
  3. [IF Q2B=1]What are the initials of the person you are currently dating?: \_\_\_\_\_
  4. [IF Q2B=2]What are the initials of each person that you are currently dating?: \_\_\_\_\_
  5. [IF Q2B=3]What are the initials of the TWO people you started dating MOST RECENTLY?: \_\_\_\_\_

\_\_\_\_\_

**[SP, ASKED FOR EACH SET OF INITIALS COLLECTED IN #3]**

- b. Is [%%initials%%] male or female?
  - 1- MALE
  - 2- FEMALE

[ASK #4 THRU #13 FOR EACH [P] THE RESPONDENT PROVIDES INITIALS FOR]

**[SP, ASK IF NOT MARRIED OR COHABITING BUT IN A RELATIONSHIP (Q2=YES AND Q3 NOT REFUSED, ONLY ASK FOR THE INITIALS REPORTED AT Q3.3 TO Q3.5)]**

4. Have you and [%%initials%%] agreed to have a special romantic relationship with each other and no one else?

1-YES

2-NO

3-UNSURE

**[NUMBER BOXES, RANGE: 0-999]**

5. [T1 only] Approximately how long have you been in a relationship with [%%initials%%]?

Years \_\_\_\_\_ Months \_\_\_\_\_ Weeks \_\_\_\_\_

**[6-POINT SCALE]**

6. How likely is it that [%%initials%%] has had a romantic or sexual partner other than you in the last 30 days?

Not at all likely

Very likely

1

2

3

4

5

6

**[6 POINT SCALE]**

7. How committed are you to your relationship with [%%initials%%]?

Not committed

Very committed

1

2

3

4

5

6

**[6-POINT SCALE]**

8. How happy are you in your relationship with [%%initials%%]?

Not at all happy

Very happy

1

2

3

4

5

6

**[6-POINT SCALE PLUS SP]**

9. How satisfied are you with your sexual relationship with [%%initials%%]?

Not at all satisfied

Very satisfied

1

2

3

4

5

6

[sp] NA, we haven't had sex

**[SP]**

10. Approximately how many serious arguments have you had with [%%initials%%] in the last 30 days? 1- 0

2- 1

3- 2-5

4- 6-10

5- 11 or more.

**[GRID, SP, ASK IF 3B=1 (MALE) OR SKIP]**

11. In the last 6 months has [%%initials%%]:

Tried to get you pregnant when you didn't want to be? Yes No

Prevented you from using birth control? Yes No

Not used a condom or withdrawal (pulled out) even though he said he would? Yes No

**[SP]**

12. How many biological children have you had with [%%initials%%]?

- 1-0
- 2-1
- 3-2
- 4-3
- 5-4 or more

**[GRID, SP]**

13. How strongly do you agree or disagree with the following statements: AGREE, SOMEWHAT AGREE, SOMEWHAT DISAGREE, DISAGREE, UNSURE/DON'T KNOW

- a. [IF NO CHILDREN WITH [P] (Q12=1, OR SKIP)]: I want to have children with [%%initials%%].
- [IF HAS CHILDREN WITH [P] (Q12=2 TO 5)] I want to have more children with [%%initials%%].

**[DISPLAY, SHOW ON THE SAME SCREEN WITH Q14]**

**THE NEXT SET OF QUESTIONS IS ABOUT ANY PREGNANCIES YOU MAY HAVE HAD OR WANT TO HAVE.**

**[SP]**

14. [T1 only] How many babies have you given birth to?

- 1- 0
- 2- 1
- 3- 2
- 4- 3
- 5- 4 or more

**[SP]**

14A. [T1 only] Have you ever gotten pregnant when you were not planning or wanting to be pregnant (please include miscarriages and abortions in addition to births)?

- 1-YES
- 2-NO

**[SP]**

15. [T1 only] Do any of these situations apply to you:

- 1- I had a baby within the last 3 months.
- 2- I am currently pregnant.
- 3- I might currently be pregnant.
- 4- None of the above.

**[6-POINT SCALE]**

16. How important is it to you to AVOID becoming pregnant now?

Not at all important to avoid pregnancy

Very important to avoid pregnancy

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|



**[SP, IF HAS CHILDREN (1 OR MORE ON #14)]**

17. Which of the following best describes your current plans regarding having another baby?

- 1- I am trying to get pregnant now.
- 2- I am not trying to get pregnant now but expect to try in the future .
- 3- I don't want to have any more children.
- 4- I'm not sure if I want to have another baby.

**[SP, IF NO CHILDREN (0 ON #14)]**

17A. Which of the following best describes your current plans regarding having a baby?

- 1- I am trying to get pregnant now.
- 2- I am not trying to get pregnant now but expect to try in the future.
- 3- I don't want to ever have any children.
- 4- I'm not sure if I want to have any children.

**[6-POINT SCALE]**

18. How would you feel if you found out you were pregnant today?

Not at all happy to be pregnant Very happy to be pregnant  
1                      2                      3                      4                      5                      6

**[ONLY ASK IF REPORTED PARTNER INITIALS ON #3, IF MORE THAN ONE PARTNER, REPEAT Q19 UPDATING INITIALS]**

**[GRID, SP ACROSS]**

19. How strongly do you agree or disagree with the following statement: AGREE, SOMEWHAT AGREE, SOMEWHAT DISAGREE, DISAGREE, UNSURE/DON'T KNOW

[IF NO CHILDREN WITH [P] (Q12=1, OR SKIP)] My partner, [%%initials%%], wants to have children with me.

[IF HAS CHILDREN WITH [P] (Q12=2 TO 5)]My partner, [%%initials%%], wants to have more children with me.

**[6-POINT SCALE, ONLY ASK IF REPORTED PARTNER INITIALS ON #3, IF MORE THAN ONE PARTNERS, REPEAT Q20]**

20. How important is it to your partner, [%%initials%%], that you AVOID becoming pregnant now?

Not at all important to avoid pregnancy Very important to avoid pregnancy  
1                      2                      3                      4                      5                      6

**[GRID, SP]**

21. How strongly do you agree or disagree with each of the following statements?: STRONGLY AGREE, SOMEWHAT AGREE, NEITHER AGREE NOR DISAGREE, SOMEWHAT DISAGREE, STRONGLY DISAGREE

- 1- Being a mother and raising a child is the most fulfilling experience a woman can have.

- 2- The rewards of being a parent are worth it, despite the cost and work it takes.
- 3- One of the best things about having a baby is that it gives you someone to love.
- 4- It doesn't matter whether I use birth control, when it is my time to get pregnant, it will happen.

**[DISPLAY]**

The next set of questions is about contraception and sex. The information you provide will be confidential.

**[SP]**

22. [T1 only] How old were you the first time that you had sex? (By sex, we mean when a man inserts his penis into a woman's vagina.)
- 1- Under 15
  - 2- 15
  - 3- 16
  - 4- 17
  - 5- 18
  - 6- 19
  - 7-20 or older

**[MP]**

23. In the last 30 days, which of the following methods have you used, even if you used them for reasons other than birth control:
- 1- birth control pills
  - 2- the birth control patch (Ortho Evra)
  - 3- the vaginal ring (Nuvaring)
  - 4- the birth control shot (Depo-Provera)
  - 5- the Implant (Implanon)
  - 6- the IUD (Mirena, copper intrauterine device)
  - 7- None of the above → SKIP TO #24a

**[DISPLAY ON THE SAME SCREEN WITH Q23]**

*Questions about condoms and other methods are included in a later section.*

**[PROGRAMMING INSTRUCTION: ASK 23A-E FOR EACH METHOD SELECTED ABOVE]**

**[NUMBER BOXES, RANGE: YEAR: 0-99, MONTH: 0-12]**

23A. Approximately how long have you been using [insert method name (SELECTED IN Q23)] without stopping for a month or more?  
 \_\_\_\_ Years \_\_\_\_ Months

**[MP]**

- 23B. Which of the following are reasons you are using [insert method name] :
- 1- Prevent pregnancy
  - 2- Reduce menstrual pain or cramps
  - 3- Help with acne
  - 4- Regulate my period
  - 5- Treat ovarian cysts or polycystic ovarian syndrome (PCOS)
  - 6- OTHER: \_\_\_\_\_

23C.

- i. [NUMBER BOX, RANGE: 0-99, IF Q23=1 (PILL)] Altogether, in the last 30 days, how many pills did you miss or forget to take? (Do not count missed placebos.)

\_\_\_\_\_

- ii. [SP, IF Q23=2 (PATCH)] Altogether, in the last 30 days, how many times did you put your patch on later than you were supposed to?

1- 0

2- 1

3- 2

4- 3 OR MORE

- iii. [SP, IF Q23=3 (NUVARING)] The last time that you inserted the Nuvaring, was it: THE DAY I WAS SUPPOSED TO, 1 DAY LATER THAN I WAS SUPPOSED TO, 2 OR MORE DAYS LATER THAN I WAS SUPPOSED TO, EARLIER THAN I WAS SUPPOSED TO

- iv. [SP, IF Q23=4 (DEPO)] Thinking about the last time you received your Depo Provera shot, was it: EARLIER THAN SCHEDULED, LATER THAN SCHEDULED, ON TIME, MY LAST SHOT WAS MY FIRST DEPO SHOT.

[SP]

23D. Overall, how satisfied are you with the [insert method name]?

1-VERY SATISFIED

2-SOMEWHAT SATISFIED

3-SOMEWHAT DISSATISFIED

4-VERY DISSATISFIED

23E.

[NUMBER BOX, RANGE: 0-999999, IF Q23=1, 2, 3 (PILL/PATCH/NUVARING), INSERT "PILL/PATCH/NUVARING" BASED ON ANSWERS IN Q23]

In an average month, approximately how much do you, yourself, pay for a one-month supply of the [pill/patch/ring]? \$\_\_\_\_\_

[NUMBER BOX, RANGE: 0-999999, IF Q23=4 (DEPO)]

How much do you, yourself, have to pay each time you get your Depo Provera shot?

\$\_\_\_\_\_

[NUMBER BOX, RANGE: 0-999999, IF Q23=5, 6 (IUD/IMPLANT), INSERT "IUD/IMPLANT" BASED ON ANSWERS IN Q23]

How much did you, yourself, have to pay when you got your [IUD/Implant]? \$\_\_\_\_\_

[SP]

24a. In the past 30 days, have you had sex with a man at least once? By sex, we mean when a man puts his penis into a woman's vagina.

1-YES

2-NO

**[PROGRAMMING INSTRUCTION: IF NOT SEXUALLY ACTIVE IN THE LAST 30 DAYS ("1" ON #24A) SKIP TO #29]**

**[SP, IF 24a=1]**

24. In the past 30 days, approximately how many times did you have sex with a man?

- 1- 1
- 2- 2-5
- 3- 6-10
- 4- 11 or more.

**[SP, IF 24a=1]**

25. In the past 30 days, how many men have you had sex with?

- 1- 1
- 2- 2
- 3- 3 OR MORE

**[TEXT BOX, ONLY ASK IF Q25=2, 3 (HAD 2 OR MORE SEX PARTNERS IN LAST 30 DAYS), PROMPT IF SKIP]**

25B. To help with the next questions, please provide me with the initials for your two most recent sexual partners. \_\_\_\_ \_\_\_\_

**DOV:**

**SP1=INITIALS OF SEXUAL PARTNER 1**

**SP2=INITIALS OF SEXUAL PARTNER 2**

[ASK BELOW ITEM(S) FOR EACH OF LAST TWO MEN HAD SEX WITH IN LAST 30 DAYS, REPEAT 26 TO 26 C FOR EACH SEXUAL PARTNER REPORTED IN 25B]

**[MP, Q25=1 TO 3]**

26. In the past 30 days when you had sex [IF Q25=1: with your partner; IF Q25=2 OR 3: with SP1/SP2], did you and he use any of the following at least once:

- 1- pulling out, withdrawal
- 2- condoms
- 3- natural family planning, calendar method
- 4- spermicide or some other barrier method
- 5- vasectomy → SKIP TO #26C
- 6- None of the above → SKIP TO #28 IF APPROPRIATE OR #29

DOV\_Q26 (MP):

IF Q25=1 OR ONLY ONE SEXUAL PARTNER REPORTED IN Q25B, DOV\_Q26=Q26.

IF Q25=2 OR 3 AND TWO SEXUAL PARTNERS REPORTED IN Q25B, DOV\_Q26=(Q26\_SP1) U (Q26\_SP2)

**[PROGRAMMING INSTRUCTION: ASK 26A-C FOR EACH OF ABOVE]**

**[SP]**

26A. In the last 30 days, when you had sex [IF Q25=1: with your partner; IF Q25=2 OR 3: with SP1/SP2], did you and he use [method selected in Q26]:

- 1-EVERY TIME YOU HAD SEX
- 2- MORE THAN HALF THE TIMES YOU HAD SEX
- 3-ABOUT HALF THE TIME YOU HAD SEX

- 4- LESS THAN HALF THE TIME YOU HAD SEX
- 5- NEVER

**[SP, ONLY ASKED OF CONDOM USERS (IF Q26=2)]**

26B. Do you mostly use condoms to:

- 1- Prevent pregnancy
- 2- Prevent STDS
- 3- Both of the above

**[SP]**

26C. Overall, how would you rate [IF Q25=1: your partner's; IF Q25=2 OR 3: SP1's/SP2's] satisfaction with [method selected in Q26]?

- 1- VERY SATISFIED
- 2- SOMEWHAT SATISFIED
- 3- SOMEWHAT DISSATISFIED
- 4- VERY DISSATISFIED
- 5- DON'T KNOW

**[SP, ASK BELOW FOR EACH COITAL-DEPENDENT METHOD (1-5 ON #26), INSERT COITAL DEPENDENT METHOD BASED ON DOV\_26]**

27. Overall, how satisfied are you with [coital dependent method].

- 1- VERY SATISFIED
- 2- SOMEWHAT SATISFIED
- 3- SOMEWHAT DISSATISFIED
- 4- VERY DISSATISFIED

**[SP, ASK IF USED MORE THAN ONE METHOD: 2 OR MORE ON #23 OR #26, OR ANY ONE IN #23 AND #26]**

**[IF USED TWO METHODS: METHODS=METHOD1 AND METHOD2;**

**IF USED THREE METHODS: METHODS= METHOD1, METHOD2 AND METHOD3;**

**IF USED MORE THAN THREE METHODS: METHODS= METHOD1, METHOD2 ...AND THE LAST METHOD]**

28. During the past 30 days, you mentioned using [methods]. Did you mostly:

- 1- Use these methods at the same time
- 2- Switch between methods
- 3- Both of the above

**[SP]**

29. In general, which is more effective at preventing pregnancy: birth control pills or condoms?

- 1- Birth control pills
- 2- Condoms
- 3- They are equally effective
- 4- I don't know the answer

**[SP]**

30. In general, which is more effective at preventing pregnancy: birth control pills or the IUD (intrauterine device)?

- 1- Birth control pills
- 2- IUD

- 3- They are equally effective
- 4- I don't know what an IUD is
- 5- I don't know the answer

**[6-POINT SCALE]**

31. Overall, how much do you feel you know about the different methods to prevent pregnancy (e.g., birth control pills, condoms, injectables and the IUD)?

I know nothing						I know everything
1.	2	3	4	5		6

**[SP, ASK OF ALL WHO USED A HORMONAL METHOD (1-6 ON #23) AND/OR A COITAL DEPENDENT METHOD (1-5 ON #26)]**

32. If you did not have to worry about cost and could use any type of contraceptive method available, would you want to use a different method?

- 1- Yes
- 2- No
- 3- Unsure

**[SP, ASK OF ALL WHO HAD SEX IN LAST 30 DAYS BUT NOT USING A METHOD (Q23=7 OR SKIP, AND Q24a=1, AND Q26=6 OR SKIP)]**

32A. If you did not have to worry about cost and could use any type of contraceptive method available, would you want to use a method?

- 1- Yes
- 2- No
- 3- Unsure

**[MP, BELOW ONLY ASKED OF WOMEN WHO HAVE HAD SEX IN LAST 30 DAYS (Q24a=1) AND NOT USED ANY CP (Q23=7 OR SKIP and Q26=6 OR SKIP).]**

33. What are the reasons you are not using any method to prevent pregnancy?

- 1- I don't have sex very often.
- 2- I have had problems using methods.
- 3- I am worried about side effects.
- 4- I have health reasons for not using methods.
- 5- I forget to use them.
- 6- I don't like any of the methods that are available.
- 7- I don't have time to go get contraception.
- 8- My partner doesn't want me to use a method.
- 9- I have sex during the "safe" time of the month.
- 10- I think there's a chance I'm infertile or will have difficulty getting pregnant
- 11- I don't really care or mind if I get pregnant.
- 12- I don't know where to go to get contraception.
- 13- I can't afford the method I want.
- 14- I am trying to get pregnant.
- 15- I have other reasons for not using contraception:

---

**[SP, ONLY ASKED OF WOMEN WHO REPORTED Q24a=NO OR SKIP]**



- 2- 2
- 3- 3
- 4- 4
- 5- 5
- 6- 6

**[SP]**

40. Do you have a regular place you go to for routine medical care or if you are sick?

- 1- YES
- 2- NO

**[GRID, SP]**

41. Did you make a visit for any of the following medical services in the last 6 months?

- a. An annual GYN visit or pap smear 1-YES 2-NO
- b. A visit for birth control or contraception 1-YES 2-NO
- c. A visit for other women's health care services (including pregnancy-related care, STDs and breast or other exams) 1-YES 2-NO
- d. A general health exam 1-YES 2-NO
- e. A medical visit because you were sick or had a specific health issue 1-YES 2-NO

**[MP, ASK IF NOT OBTAINED WOMEN'S HEALTH CARE IN LAST 6 MONTHS (A,B,C IN Q41=NOOR SKIP, THEN SKIP TO 48)]**

42. There are a number of reasons why you may not have received services related to women's health care in the past 6 months. Please indicate if any of the below apply to you.

- 1- I didn't have any reason to see a doctor for these services.
- 2- I already had my annual GYN exam.
- 3- I am not comfortable seeing a doctor for these services.
- 4- I can't afford to see a doctor.
- 5- It is too inconvenient for me to see a doctor.
- 6- I didn't want my partner or family to find out.
- 7- I have other reasons for not seeing a doctor for women's health care services: \_\_\_\_\_

**[SP, IF Q41\_A=1 OR Q41\_B=1 OR Q41\_C=1]**

43. Thinking about your last visit where you received women's health care, what type of place did you go to?

- 1- Private doctor's office or group practice
- 2- Planned Parenthood or other family planning clinic
- 3- Public health department or community health clinic
- 4- Student health clinic
- 5- Some other type of health care facility \_\_\_\_\_

**[MP, IF Q41\_A=1 OR Q41\_B=1 OR Q41\_C=1]**

44. How did you pay for the visit? (Multiple responses allowed.)



- 1- I paid some or all of the costs myself (including any insurance co-pays).
- 2- My insurance paid some or all of the costs.
- 3- I received services at a reduced fee.
- 4- The services were free.

**[MP, ASK IF HAS HEALTH INSURANCE (Q38=1, 2 OR 3) AND OBTAINED WOMEN'S HEALTH CARE IN LAST 6 MONTHS (Q41\_A=1 OR Q41\_B=1 OR Q41\_C=1)]**

45. Did you encounter any of the following difficulties trying to use your health insurance to pay for these services?
- 1- My deductible or co-pay was too high.
  - 2- My insurance limited the type of contraceptive methods available to me.
  - 3- My insurance did not cover all the services my doctor recommended.
  - 4- My insurance doesn't cover the doctor I want to see.
  - 5- Some other difficulty: \_\_\_\_\_
  - 6- None of the above

**[GRID, SP, IF Q41\_A=1 OR Q41\_B=1 OR Q41\_C=1]**

46. Thinking about your last visit when you received women's health care, how strongly do you agree or disagree with each of the following:
- a. The people who work there make an effort to find out my health care needs.
  - b. I was satisfied with the care I received there.
- 1- STRONGLY AGREE 2- SOMEWHAT AGREE 3-SOMEWHAT DISAGREE 4-STRONGLY DISAGREE.

**[GRID, SP, IF Q41\_A=1 OR Q41\_B=1 OR Q41\_C=1]**

47. At your last visit for women's health care:
- a. [IF NO CHILDREN ("0" ON #14 (Q14=1, OR SKIP))]: Did a doctor or nurse spend time talking with you about your future plans for having (or not having) children? 1-YES 2-NO  
[IF HAS CHILDREN (>0 ON #14 (Q14=2 TO 5))]Did a doctor or nurse spend time talking with you about your future plans for having (or not having) more children? 1- YES  
2-NO
  - b. Did you get information about birth control and pregnancy prevention? 1-YES 2-NO

**[DISPLAY, ON THE SAME SCREEN WITH Q48]**

NOW WE HAVE A FEW QUESTIONS ABOUT YOUR CURRENT SITUATION AND THINGS THAT MAY HAVE HAPPENED TO YOU .

**[NUMBER BOX, RANGE: 0-168]**

48. Approximately how many hours did you spend doing each of the following LAST week?
- 1- Employment: \_\_\_\_\_ (Enter "0" if you were not employed last week)
  - 2- Attending school: \_\_\_\_\_

**[SP]**

49. [T1 ONLY] Were you born in the United States?
- 1-YES
  - 2-NO

**[SP]**

50. Do you have any serious, ongoing health problem (such as high blood pressure, diabetes, chronic depression, etc.)?

- 1- YES
- 2- NO
- 3- DON'T KNOW

**[SP, IF 50=YES]**

50b. Are you supposed to take daily medications for this health problem?

- 1-YES
- 2-NO

**[MP]**

51. In the past 6 months, have you experienced any of the following?

- 1- A close friend or family member died.
- 2- I fell behind on my rent or mortgage.
- 3- I changed jobs or was unemployed.
- 4- I had a sudden medical problem.
- 5- A dependent or close family member had a serious medical problem.
- 6- I moved.
- 7- I received professional counseling for mental or emotional health problems (including substance abuse).
- 8- My financial situation got worse.
- 9- None of the above.

**[TEXT BOX]**

52. Aside from the situations above, are there any other important problems that you had during the last 6 months that seem relevant? \_\_\_\_\_