

ICPSR 37067

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

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Questionnaire for Wave 3

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Women Wave 3  
November, 2013  
- 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>18246</b>
<b>Survey Name</b>	<b>Women Wave 3</b>
<b>Client Name</b>	<b>Guttmacher Institute</b>
<b>Great Plains Project Number</b>	<b>C526710028</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; XIUD; Ximplant; xpstaten; xwomen</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.

17449- Women Wave 2  
May, 2013  
- Questionnaire -

**[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.

**[INSERT IF XWOMEN=2:** We first contacted you in November 2012 and again in May 2013 to tell us about your experiences with these issues, and we are hoping you will be willing to participate in this follow up survey. We will be contacting you again in May 2014.**]**

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 no longer than 15 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.

### **[SP]**

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. 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]

[INSERT IF XWOMEN=2: We last interviewed you about six months ago, in May 2013.] For items that ask about the last 6 months, we are referring to the time since May 2013.

4. Have you and [%initials%] been together for 6 months or longer?

1-Yes

2-Yes, though we have broken up and gotten back together during that time

3- No

4-Unsure

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

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

Not at all likely                      Very likely

1        2        3        4        5        6

Not committed 1 2 3 4 5 6 Very committed

Not at all happy 1 2 3 4 5 6 Very happy

[sp] NA, we have never had had sex

4

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 or more

11.

**[GRID, SP]**

13. How strongly do you agree or disagree with the following statement: AGREE, SOMEWHAT AGREE, SOMEWHAT DISAGREE, DISAGREE, UNSURE/DON'T KNOW
- a. I want to have (more) children with [%%initials%%].

**[DISPLAY IF Q2=2]**

**[INSERT IF XWOMEN=2:** We last interviewed you about six months ago, in May 2013.] For items that ask about the last 6 months, we are referring to the time since May 2013.

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

**THE NEXT SET OF QUESTIONS IS ABOUT ISSUES RELATED TO PREGNANCY.**

**[SP]**

14. In the last 6 months, did you experience any of the following? (If you experienced more than one of the below, please indicate the one that happened MOST recently.)
- a. I had a miscarriage
  - b. I had an abortion
  - c. I had a baby
  - d. I'm currently pregnant
  - e. I might be pregnant
  - f. None of the above **[SP]**

**[ASK IF SELECT C IN Q14]**

**[SP]**

14i. In the previous question, you said that you had a baby in the last 6 months. In what month did you have the baby?

- 1. Jan
- 2. Feb
- 3. Mar
- 4. Apr
- 5. May
- 6. Jun
- 7. Jul
- 8. Aug
- 9. Sept
- 10. Oct
- 11. Nov

12. Dec

**[IF SELECTED A, B, C, OR D IN Q14]**

**[HORIZONTAL SP]**

14A. This last time you became pregnant, how important was it to you to AVOID becoming pregnant at that time?

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

**[IF SELECTED A, B, C, OR D IN Q14]**

**[HORIZONTAL SP]**

14B. How did you feel when you found out you were pregnant?

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

**[IF SELECTED A, B, C, OR D IN Q14]**

**[SP]**

14C. Right before you became pregnant this time, did you yourself want to have a(nother) baby at any time in the future?

1. Yes
2. No
3. Not sure/Don't know
4. Didn't care

**[IF Q14C=1]**

**[SP]**

14D. Would you say you became pregnant:

1. Too soon
2. At about the right time
3. Later than you wanted

**[IF SELECTED A, B, C, OR D IN Q14]**

**[SP]**

15. During the month you became pregnant were you:

1. NOT using contraception because you wanted to get pregnant
2. NOT using contraception for different reasons
3. Using contraception, but not all the time
4. Using contraception all the time, but you still got pregnant

**[IF Q14=A, B, C, E, F or REFUSED (if Q14 ne D)]**

**[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

**[IF Q14=A, B, C, E, F or REFUSED (if Q14 ne D)]**

**[SP]**

17. Which of the following best describes your current plans regarding having a(nother) 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 a(nother) baby.

**[IF Q14=A, B, C, E, F or REFUSED (if Q14 ne D)]**

**[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 and Q14=A, B, C, E, F or REFUSED (if Q14 ne D), 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

My partner, [%%initials%%], wants to have (more) children with me.

**[6-POINT SCALE, ONLY ASK IF REPORTED PARTNER INITIALS ON #3 and Q14=A, B, C, E, F or REFUSED (if Q14 ne D), 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

21.

**[DISPLAY]**

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

**[SP]**

22. In the last 6 months, have you had your tubes tied (tubal ligation) or had a hysterectomy?

1. Yes
2. No

**[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]**

**[SP]**

23A. For how many of the last 6 months have you used [insert method name (selected in Q23)]?

- 0
- 1
- 2
- 3
- 4
- 5
- 6

**[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, IFQ23=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 [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 (IMPLANT) and Ximplant = 2 (Did not use Implant at T2)]**

How much did you, yourself, have to pay when you got your Implant?

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

**[NUMBER BOX, RANGE: 0-999999, IF Q23=6 (IUD) and XIUD = 2 (Did not use IUD at T2)]**

How much did you, yourself, have to pay when you got your IUD?

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

[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 ("2" ON #24A) SKIP TO #32 if appropriate, otherwise #36]**

**[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 #27
- 6- None of the above → SKIP TO #28 IF APPROPRIATE OR #30

DOV\_Q26 (MP):

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

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

**[PROGRAMMING INSTRUCTION: ASK 26A 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, 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

29.

**[SP]**

30. In the last 30 days, did you use emergency contraception, also known as the morning after pill, at least once?

- 1. Yes
- 2. No

**[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 HAD A TUBAL LIGATION AND NOT USING A METHOD [(Q22=2) AND (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 HAD A TUBAL LIGATION (Q22-2) 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.
  - 8- My partner doesn't want me to use a method.
  - 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'm currently pregnant.
  - 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, ASK IF SEXUALLY ACTIVE IN LAST 6 MONTHS (Q24=1 TO 4)]**

35. During the last 6 months, in every month that you had sex, did you use some kind of method to prevent pregnancy (including withdrawal or condoms or an IUD/implant)?

- 1- Yes, I used a method at least once during every month that I was having sex
- 2- No, there were 1 or more months when I didn't use any method

**[SP, IF Q35=2 "NO"]**

35B. During that period, were you pregnant or trying to get pregnant?

- 1-YES
- 2-NO

36. **[sp]**Do you use any kind of app, computer program or website that helps keep track of your menstrual cycle?

- 1. Yes
- 2. No

**[SHOW ON SAME PAGE AS Q36 BUT SUPPRESS UNTIL YES IS SELECTED ON Q36]**

**[MP, ASK IF Q36=1 (YES)]**

36B. For which of the following reasons do you use it?

- 1. It helps me decide when to have sex because I do NOT want to get pregnant.
- 2. It helps me decide when to have sex because I want to get pregnant.
- 3. It helps me decide which method of pregnancy prevention to use.

4. It lets me know if it is safe to have sex without using any method of pregnancy prevention.
5. Other: **[text]**\_\_\_\_\_

**[DISPLAY, ON THE SAME SCREEN WITH Q38 ]**

Now we would like to know a few things about your health care and health insurance.

**[SP]**

38. What type of health insurance do you, yourself, currently have?
  - 1- Private health insurance I get through my job or school, a family member or that I pay for myself.
  - 2- [INSERT STATE SPECIFIC PROGRAMS (Medicaid Program) BASED ON XPSTATEN, SEE THE LOOKUP TABLE: Mcaid Programs. xlsx] or some other government-sponsored health insurance.
  - 3- Some other type of health insurance \_\_\_\_\_ .
  - 4- I don't have health insurance.

**[SP, IF Q38= 1-3]**

39. Did you have health insurance during all of the last 6 months?
  - 1- YES
  - 2- NO

**[SP, IF Q38=4]**

- 39B. Did you have health insurance during ANY of the last six months?
  1. Yes
  2. No

**[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=NO OR SKIP, THEN SKIP TO 48)]**

**[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.

45.

**[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. 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: \_\_\_\_\_ (Enter "0" if you were not in school last week)

**[GRID; SP ACROSS]Q49. In the last 30 days, how often have you felt:**

Across:

1. Never
2. Almost never
3. Sometimes
4. Fairly often
5. Very often

Down:

- a. You were unable to control important things in your life
- b. Confident about your ability to handle your personal problems
- c. Things were going your way



**[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.

**[remove QF1]**