

**CONTRACEPTION (FPC)**

SPID \_\_\_\_\_

Date: \_\_\_\_\_

Interviewer: \_\_\_\_\_

*The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.*

1. [FPC.010] Some things people do to prevent a pregnancy include abstaining from having sex at certain times, using birth control methods (such as the pill, implants, shots, condoms, diaphragm, foam, and IUD), having their tubes tied, or having a vasectomy. Are you or your partner doing anything now to keep you/her from getting pregnant? **If you have more than one partner, please answer these questions about your usual partner.**

Yes	1	
No	2	<b>(Skip to Question 3)</b>
Refused	R	<b>(End of Questionnaire)</b>
Don't Know	D	<b>(End of Questionnaire)</b>

FPC101     FMT\_YES\_NO

2. [FPC.020] What are you or your partner doing now to prevent a pregnancy? **For each method below answer:**

1 for Yes  
2 for No  
R for Refused  
D for Don't Know

- \_\_\_\_\_ a. Have you or your partner had tubes tied?
- \_\_\_\_\_ b. Have you or your partner had a hysterectomy, that is female sterilization?
- \_\_\_\_\_ c. Have you or your partner had a vasectomy, that is male sterilization?
- \_\_\_\_\_ d. Do you or your partner use a birth control pill? This means all kinds, but not including the morning-after pill.
- \_\_\_\_\_ e. Do you or your partner use the morning-after pill, that is an emergency contraceptive?
- \_\_\_\_\_ f. Do you or your partner use either a male or female condom?
- \_\_\_\_\_ g. Do you or your partner use birth control implants, such as Jadelle or others?
- \_\_\_\_\_ h. Do you or your partner use shots, such as Depo-Provera?
- \_\_\_\_\_ i. Do you or your partner use a birth control ring, such as Nuvaring or others?
- \_\_\_\_\_ j. Do you or your partner use a birth control patch?
- \_\_\_\_\_ k. Do you or your partner use a diaphragm, cervical ring, or cap?

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- \_\_\_\_\_ l. Do you or your partner use an IUD, that is an intrauterine device, including Mirena?
- \_\_\_\_\_ m. Do you or your partner use withdrawal?
- \_\_\_\_\_ n. Do you or your partner not have sex at certain times or use the rhythm method?
- \_\_\_\_\_ o. Do you or your partner use another method, such as foam, jelly, or cream?

FPC020A FMT\_YES\_NO  
 FPC020B FMT\_YES\_NO  
 FPC020C FMT\_YES\_NO  
 FPC020D FMT\_YES\_NO  
 FPC020E FMT\_YES\_NO  
 FPC020F FMT\_YES\_NO  
 FPC020G FMT\_YES\_NO  
 FPC020H FMT\_YES\_NO  
 FPC020I FMT\_YES\_NO  
 FPC020J FMT\_YES\_NO  
 FPC020K FMT\_YES\_NO  
 FPC020L FMT\_YES\_NO  
 FPC020M FMT\_YES\_NO  
 FPC020N FMT\_YES\_NO  
 FPC020O FMT\_YES\_NO

**[If you answered Question 2, this is the end of the Contraception Questionnaire.]**

3. [FPC.030] What is your main reason for not preventing a pregnancy? **(Circle one answer)**

- |  |   |
|--|---|
| You didn't think you were going to have sex, or you don't have a regular partner | 1 |
| You want a pregnancy   | 2 |
| You or your partner don't want to use birth control                              | 3 |
| You or your partner don't like birth control or fear side effects                | 4 |
| You can't pay for birth control  | 5 |
| There was a lapse in the use of a method   | 6 |

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You know or think that you or your partner can't get pregnant	7
You or your partner are too old to get pregnant	8
You or your partner are currently breast-feeding	9
You or your partner just had a baby or are postpartum	10
You have some other reason for not doing anything to prevent pregnancy	11
You don't care if you or your partner get pregnant	12
You or your partner is pregnant now	13
Refused	R
Don't Know	D

*FPC030**FMT\_FPC030\_*