FEMALE SECTION F
CAPI Reference Questionnaire (CRQ)

Family Planning and Medical Services

VARIABLES IMPORTED FROM EARLIER SECTIONS

CMBIRTH	CENTURY MONTH OF BIRTH DATE (SECTION A)
AGESCRN	AGE FROM THE SCREENER
CMLSTYR	CENTURY MONTH OF INTERVIEW MINUS 1 YEAR (SECTION A)
CMINTVW	CENTURY MONTH OF INTERVIEW DATE (SECTION A)
CMLSTYR_FILL	FILL (M/Y) TO USE AS REFERENCE POINT FOR THE PAST 12 MONTHS
MENARCHE	AGE AT FIRST MENSTRUAL PERIOD (SECTION B)
CURRPREG	WHETHER R IS CURRENTLY PREGNANT (FROM B)
CMLSTPRG	CENTURY MONTH DATE OF LAST COMPLETED PREGNANCY (SECTION B)
CMLASTLB	CENTURY MONTH DATE OF LAST LIVE BIRTH (SECTION B)
CMFSTSEX	CENTURY MONTH DATE OF FIRST SEX (SECTION C)
CMFSTSEX_FILL	FILL (MONTH AND YEAR) FOR DATE OF FIRST SEX (SECTION C)
RHADSEX	WHETHER R HAS EVER HAD SEX (SECTION C)
PLCFEMOP[X]	PLACE WHERE STERILIZATION WAS PERFORMED[X=1,2,3,4] (SECTION D)
ANYFSTER	EVER HAD A STERILIZING OPERATION (SECTION D)
FSTROP12	WHETHER R HAD A STERILIZING OPERATION WITHIN LAST 12 MONTHS (FROM D)
CMOPER1	CM FOR R'S 1ST (OR ONLY) STERILIZING OPERATION (SECTION D)
PILL	EVER USED BIRTH CONTROL PILLS (EA-1)
DEPOPROV	EVER USED DEPO-PROVERA OR INJECTABLES (OR SHOTS) (EA-4)
LUNELLE	EVER USED LUNELLE INJECTION (EA-5)
PATCH	EVER USED CONTRACEPTIVE PATCH (EA-9)
RING	EVER USED VAGINAL CONTRACEPTIVE RING (EA-10)
MORNPILL	EVER USED "MORNING AFTER" PILLS OR EMERGENCY CONTRACEPTION (EA-11)
OTHRMETH	EVER USED ANOTHER METHOD OF CONTRACEPTION (EA-14)
PILL_12	USED BIRTH CONTROL PILLS IN LAST 12 MONTHS (METHOD CALENDAR SEC. E)
DIAPH_12	USED DIAPHRAGM (METHOD CALENDAR SEC. E)
IUD_12	USED AN IUD, COIL, OR LOOP (METHOD CALENDAR SEC. E)
IMPLANT_12	USED HORMONAL IMPLANT (METHOD CALENDAR SEC. E)
DEPO_12	USED DEPO-PROVERA OR INJECTABLES (OR SHOTS) (METHOD CALENDAR SEC. E)
CERVC_12	USED A CERVICAL CAP (METHOD CALENDAR SEC. E)
MPILL_12	USED "MORNING AFTER" PILLS OR EMERGENCY CONTRACEPTION
LUNEL_12	WHETHER USED LUNELLE INJECTABLE IN THE 12 MONS BEFORE INTERVIEW (FC E55)
PATCH_12	WHETHER USED CONTRACEPTIVE PATCH -- 12 MONTHS BEFORE INTERVIEW (FC E-55)
RING_12	WHETHER USED CONTRACEPTIVE RING IN THE 12 MONS BEFORE INTERVIEW (FC E55)

VARIABLES CREATED IN THIS SECTION & OUTPUT TO DATA FILE

NUMMTH12	NUMBER OF BIRTH CONTROL METHODS USED (DRUG OR DEVICES) IN THE LAST 12 MONTHS (FLOW CHECK F-2)
NUMSVC12	NUMBER OF SERVICES RECEIVED IN LAST 12 MONTHS (FLOW CHECK F-6)
DRUGDEVE	NUMBER OF BIRTH CONTROL METHODS EVER USED (DRUG OR DEVICES)(FC F-17)
IDCLINIC	COUNTER FOR NUMBER OF TIMES IDENTIFIED A CLINIC (FLOW CHECK F-8AA)
CMFSTSVC	CENTURY MONTH RECEIVED FIRST BIRTH CONTROL SERVICE (FC FA-17C)

VARIABLES CREATED IN THIS SECTION & ARE NOT OUTPUT TO DATA FILE:

FMPILL12	FILL FOR "MORNING AFTER PILL" OR EMERGENCY CONTRACEPTION (FC F-0)
FPILL12	FILL FOR BIRTH CONTROL PILLS (FLOW CHECK F-0)
FDIAPH12	FILL FOR DIAPHRAGM (FLOW CHECK F-0)
FIUD12	FILL FOR IUD (FLOW CHECK F-0)
FIMPLANT12	FILL FOR HORMONAL IMPLANT (FLOW CHECK F-0)
FDEPO12	FILL FOR DEPO-PROVERA (FLOW CHECK F-0)
FCERVC12	FILL FOR CERVICAL CAP (FLOW CHECK F-0)
FFSTRP12	FILL FOR STERILIZING OPERATION (FLOW CHECK F-0)
FFSTOP12	FILL FOR STERILIZING OPERATION (FLOW CHECK F-6A)
FBTHCN12	FILL FOR A METHOD OF BIRTH CONTROL OR A RX FOR A METHOD (FC F-6A)
FMEDTS12	FILL FOR A CHECK UP OR MEDICAL TEST RELATED TO USING A BIRTH CONTROL METHOD (FLOW CHECK F-6A)
FBCCNS12	FILL FOR COUNSELING OR INFORMATION ABOUT BIRTH CONTROL (FC F-6A)

```
FSTCNS12          FILL FOR COUNSELING OR INFORMATION ABOUT GETTING STERILIZED (FC F6A)
FEMCON12          FILL FOR EMERGENCY CONTRACEPTION OR THE MORNING AFTER PILL (FC F6A)
FECCNS12          FILL FOR COUNSELING OR INFORMATION ABOUT EMERGENCY CONTRACEPTION OR
                  THE MORNING AFTER PILL (FLOW CHECK F-6A)
FPRGTS12          FILL FOR PREGNANCY TEST (FLOW CHECK F-6A)
FABORT12          FILL FOR ABORTION (FLOW CHECK F-6A)
FPAP12            FILL FOR PAP SMEAR (FLOW CHECK F-6A)
FPELVC12          FILL FOR PELVIC EXAM (FLOW CHECK F-6A)
FPRENT12          FILL FOR PRENATAL CARE (FLOW CHECK F-6A)
FPARTM12          FILL FOR POST-PREGNANCY CARE (FLOW CHECK F-6A)
FSTDSV12          FILL FOR COUNSELING FOR, OR BEEN TESTED OR TREATED FOR A SEXUALLY
                  TRANSMITTED DISEASE (FLOW CHECK F-6A)
```

FLOW CHECK F-0:   CONSTRUCTING FILLS FOR METHODS OF CONTRACEPTION BROUGHT IN FROM SECTION E

```
        COMPUTE FPILL12
                IF PILL12 = 1 THEN FPILL12 = BIRTH CONTROL PILLS
                ELSE FPILL12 = BLANK

        COMPUTE FDIAPH12
                IF DIAPH12 = 1 THEN FDIAPH12 = DIAPHRAGM
                ELSE FDIAPH12= BLANK

        COMPUTE FIUD12
                IF IUD12 = 1 THEN FIUD12 = IUD, COIL OR LOOP
                ELSE FIUD12 = BLANK

        COMPUTE FIMPLANT12
                IF IMPLANT12 = 1 THEN FIMPLANT12 = IMPLANT
                ELSE FIMPLANT12 = BLANK

        COMPUTE FDEPO12
                IF DEPO12 = 1 THEN FDEPO12= DEPO-PROVERA OR INJECTABLES (OR SHOTS)
                ELSE FDEPO12 = BLANK

        COMPUTE FCERVC12
                IF CERVC12 = 1 THEN FCERVC12 = CERVICAL CAP
                ELSE FCERVC12 = BLANK

        COMPUTE FMPILL12
                IF MPILL12 = 1 THEN FMPILL12 = "MORNING AFTER" PILLS OR EMERGENCY
                                                CONTRACEPTION
                ELSE FDEPO12 = BLANK

        COMPUTE FFSTRP12
                IF FSTROP12 = 1 THEN FFSTRP12 = STERILIZING OPERATION
                ELSE FFSTRP12 = BLANK
```

INTRSVC
FA-0. We have already asked you a few questions about sterilizing operations. The questions in this section are about your medical visits for these and other types of birth control, pregnancy, and health care services for women.

 ◆ *ENTER [1] to continue*

{ASK SECTION FA OF ALL R
Birth control and medical services in past 12 months series (FA)

INTRO_FA

FA-1. You may have already told me this, but in the past 12 months, that is, since [CMLSTYR_FILL] have you received any of the following birth control services shown on card 49 <u>from a doctor or other medical care provider</u>?

 ♦ ENTER [1] to continue

BTHCON12
FA-1b.   (In the past 12 months, have you received)
              A method of birth control or a prescription for a method?

[SHOW CARD 49]

                    Yes........1
                    No.........5

MEDTST12
FA-1c.   (In the past 12 months, have you received) A check-up or medical
              test related to using a birth control method?

[SHOW CARD 49]

                    Yes........1
                    No.........5

BCCNS12
FA-1d.   (In the past 12 months, have you received) Counseling or
              information about birth control?

[SHOW CARD 49]

                    Yes........1
                    No.........5

STEROP12
FA-1e.   (In the past 12 months, have you received) a sterilizing
              operation?

[SHOW CARD 49]

                    Yes........1
                    No.........5

STCNS12
FA-1f.   (In the past 12 months, have you received) Counseling or
                      information about getting sterilized?

[SHOW CARD 49]

                    Yes........1
                    No.........5

FLOW CHECK F-1:   **IF EA-11 MORNPILL = 1 (YES) OR DK, ASK FA-1g EMCON12**
                       ELSE IF EA-11 MORNPILL = 5 (NO) OR RF, GO TO FA-1h ECCNS12

EMCON12
FA-1g.   (In the past 12 months, have you received) Emergency
                      contraception, also known as ""Plan B"" or ""Preven"", or
                      the "Morning-after pill," or a prescription for it?

[SHOW CARD 49]

                    Yes........1

                        No.........5

ECCNS12

FA-1h.   (In the past 12 months, have you received) Counseling or
                        information about Emergency contraception, also known as
                        ""Plan B"" or ""Preven"", or the "Morning-after pill?"

[SHOW CARD 49]

                        Yes........1
                        No.........5

FLOW CHECK F-2:   CREATE COUNTER AND INITIALIZE TO 0:
                        COUNTER FOR NUMBER OF THESE METHODS USED IN LAST 12 MONTHS
                        NUMMTH12 = ADD 1 FOR EACH OF THESE METHOD USED
                        VARIABLES (FROM SECTION D OR E) **THAT IS EQUAL TO 1 (YES):**
                        MPILL_ 12   DIAPH_12   IUD_12
                        IMPLANT_12   DEPO_12   CERVC_12   FSTROP12
                        LUNEL_12   PATCH_12   RING_12

FLOW CHECK F-3:
                IF ((FA-1b BTHCON12 = 5, OR DK, OR RF) AND
                (FA-1c MEDTST12 = 5, OR DK, OR RF) AND
                (FA-1d BCCNS12 = 5, OR DK, OR RF)),
                        AND NUMMTH12 GE 1, ASK FA-2 FOLLOW12.
                                IF R HAS REPORTED NONE OF THESE METHODS IN FA
                                SERIES, BUT DID REPORT USE OF 1 OR MORE METHODS
                                IN SECTION E'S METHOD HISTORY, WE ASK FOLLOW12
                ELSE GO TO INTR_MED.

FOLLOW12

FA-2. IF NUMMTH12 = 1, ASK:
        In the last 12 months, that is, since [CMLSTYR_FILL] have you visited a
        doctor or medical care provider about the following method which you
        used in that period:
        [LIST FILLS THAT ARE NOT BLANK, THAT IS,
        SERVICE WITH RESPONSE = 1 (YES):
                FMPILL12
                FPILL12
                FDIAPH12
                FIUD12
                FIMPLANT12
                FDEPO12
                FCERVC12
                FFSTRP12   ]

        ELSE IF NUMMTH12 GE 2, ASK:
        Earlier you mentioned you have used
        [LIST FILLS THAT ARE NOT BLANK, THAT IS,
        SERVICE WITH RESPONSE = 1 (YES):
                FMPILL12
                FPILL12
                FDIAPH12
                FIUD12
                FIMPLANT12
                FDEPO12
                FCERVC12
                FFSTRP12   ]

        in the past 12 months. Did you receive any of these at a visit to a
        doctor or medical care provider within the past 12 months?

```
                    Yes........................................1 (SET BTHCON12= 1 YES)
                    No.........................................5
                    Didn't use the medical method(s) in 12 months
                    after all, as reported in section E........6
```

INTR_MED
FA-3. We're also interested in where women go to get other kinds of
      reproductive health care. Please look at Card 50.

      In the past 12 months, that is, since [CMLSTYR_FILL], have you received
      any of the following <u>medical services</u> from a doctor or other medical
      care provider...

[SHOW CARD 50]

     ◆ *ENTER [1] to continue*

FLOW CHECK F-3a: IF RHADSEX=5 (no) THEN GO TO FA-3c PAP12

       ELSE GO TO FA-3a PRGTST12

PRGTST12
FA-3a.   IF CURRPREG = 1 (YES) OR (CMLSTPRG GT CMLSTYR), SAY: You may have
               already told me, but in the past 12 months have you received a
               pregnancy test?

               ELSE SAY: (In the past 12 months have you received) A pregnancy
               test?

[SHOW CARD 50]

```
                    Yes..........1
                    No...........5
```

ABORT12
FA-3b.   (In the past 12 months have you received) An abortion?

[SHOW CARD 50]

```
                    Yes..........1
                    No...........5
```

PAP12
FA-3c.   (In the past 12 months have you received) A Pap smear?

[SHOW CARD 50]

```
                    Yes..........1
                    No...........5
```

PELVIC12
FA-3d.   (In the past 12 months have you received) A pelvic exam?

[SHOW CARD 50]

```
                    Yes..........1
                    No...........5
```

**FLOW CHECK F-4: IF CMLSTPRG GE CMLSTYR (R had a pregnancy ending within last
               12 months), ASK FA-3E PRENAT12.**

       ELSE GO TO FLOW CHECK F-5

PRENAT12

FA-3e.   You may have told me this already, but in the past 12 months, have
             you received prenatal care?

[SHOW CARD 50]

                        Yes..........1
                        No...........5

**FLOW CHECK F-5:   IF CMLASTLB GE CMLSTYR (R's most recent live birth occurred
                     within last 12 months), ASK FA-3F PARTUM12.**

                     ELSE GO TO FA-3g STDSVC12

PARTUM12

FA-3f.   (In the past 12 months have you received) Post-pregnancy care?

[SHOW CARD 50]

                        Yes..........1
                        No...........5

STDSVC12

FA-3g.   In the past 12 months, have you received counseling for, or been
              tested or treated for a sexually transmitted disease?

[SHOW CARD 50]

                        Yes..........1
                        No...........5

FLOW CHECK F-6:   CREATE COUNTER AND INITIALIZE TO 0:
**   NUMSVC12 = ADD 1 FOR EACH OF THESE METHODS THAT IS EQUAL TO**
**   1 (YES):** NUMBER OF SERVICES RECEIVED IN LAST 12 MONTHS
**   STEROP12   BTHCON12   MEDTST12   BCCNS12**
**   STCNS12   EMCON12   ECCNS12   PRGTST12**
**   ABORT12   PAP12   PELVIC12   PRENAT12**
**   PARTUM12   STDSVC12**

FLOW CHECK F-6a: CREATING FILLS FOR METHODS REPORTED IN FA
**   COMPUTE FFSTOP12**
**   IF STEROP12= 1 THEN FFSTOP12=STERILIZING OPERATION**
**   ELSE FFSTOP12= BLANK**

**   COMPUTE FBTHCN12**
**   IF BTHCON12 = 1 THEN FBTHCN12= BIRTH CONTROL OR A PRESCRIPTION**
**   FOR A METHOD**
**   ELSE FBTHCN12= BLANK**

**   COMPUTE FMEDTS12**
**   IF MEDTST12 = 1 THEN FMEDTS12 = CHECK UP OR MEDICAL TEST RELATED**
**   TO USING A BIRTH CONTROL**
**   ELSE FMEDTS12 = BLANK**

**   COMPUTE FBCCNS12**
**   IF BCCNS12 = 1 THEN FBCCNS12 = COUNSELING OR INFORMATION ABOUT BIRTH**
**   CONTROL**
**   ELSE FBCCNS12 = BLANK**

**   COMPUTE FSTCNS12**
**   IF STCNS12 = 1 THEN FSTCNS12 = COUNSELING OR INFORMATION ABOUT GETTING**
**   STERILIZED**

```
            ELSE FSTCNS12 = BLANK


            COMPUTE FEMCON12
            IF EMCON12 = 1 THEN FEMCON12 = EMERGENCY CONTRACEPTION OR THE "MORNING-
                                           AFTER PILL" OR A PRESCRIPTION FOR IT
            ELSE FEMCON12 = BLANK


            COMPUTE FECCNS12
            IF ECCNS12 = 1 THEN FECCNS12 = COUNSELING OR INFORMATION ABOUT
                                  EMERGENCY CONTRACEPTION OR THE AMORNING-AFTER PILL
            ELSE FECCNS12 = BLANK


            COMPUTE FPRGTS12
            IF PRGTST12 = 1 THEN FPRGTS12 = A PREGNANCY TEST
            ELSE FPRGTS12 = BLANK


            COMPUTE FABORT12
            IF ABORT12 = 1 THEN FABORT12 = AN ABORTION
            ELSE FABORT12 = BLANK


            COMPUTE FPAP12
            IF PAP12 = 1 THEN FPAP12 = A PAP SMEAR
            ELSE FPAP12 = BLANK


            COMPUTE FPELVC12
            IF PELVIC12 = 1 THEN FPELVC12 = A PELVIC EXAM
            ELSE FPELVC12 = BLANK


            COMPUTE FPRENT12
            IF PRENAT12 = 1 THEN FPRENT12 = PRENATAL CARE
            ELSE FPRENT12 = BLANK


            COMPUTE FPARTM12
            IF PARTUM12 = 1 THEN FPARTM12 = POST-PREGNANCY CARE
            ELSE FPARTM12 = BLANK


            COMPUTE FSTDSV12
            IF STDSVC12 = 1 THEN FSTDSV12 = COUNSELING FOR, OR BEEN TESTED OR
                               TREATED FOR A SEXUALLY TRANSMITTED DISEASE
            ELSE FSTDSV12 = BLANK


FLOW CHECK F-7:   IF  STEROP12= 5 AND BTHCON12 = 5
                  AND MEDTST12 = 5  AND  BCCNS12 = 5
                  AND  STCNS12 = 5  AND  ECCNS12 = 5
                  AND (EMCON12 = 5 OR BLANK)
                  AND PRGTST12 = 5  AND  ABORT12 = 5
                  AND    PAP12 = 5  AND PELVIC12 = 5
                  AND PRENAT12 = 5  AND PARTUM12 = 5
                  AND STDSVC12 = 5
                       SET NUMSVC12=0 AND GO TO FLOW CHECK F-17
                       IF NO SERVICE IN THE LAST 12 MONTHS GO TO FB (FIRST
                       SERVICE SERIES)

                  ELSE IF NUMSVC12 GT 1, ASK FA-4 NUMBCVIS.
                               MORE THAN ONE SERVICES REPORTED IN FA-1b
                               BTHCON12 THROUGH FA-1h ECCNS12 AND FA-3a
                               PRGTST12 THROUGH FA-3g STDSVC12, ASK NUMBER OF
                               VISITS

                  ELSE IF NUMSVC12 = 1, GO TO FLOW CHECK F-8
                  (TREAT THOSE WITH NUMSVC12 = 1 AS SINGLE VISIT IN FC F-8)
```

NUMBCVIS
FA-4. You said that in the past 12 months you received the following services:

[LIST FILLS THAT ARE NOT BLANK, THAT IS,
SERVICE WHICH THEY RECEIVED:
>**FFSTOP12**
>**FBTHCN12**
>**FMEDTS12**
>**FBCCNS12**
>**FSTCNS12**
>**FEMCON12**
>**FECCNS12**
>**FPRGTS12**
>**FABORT12**
>**FPAP12**
>**FPELVC12**
>**FPRENT12**
>**FPARTM12**
>**FSTDSV12**

Did you receive those services during a single visit, or in more than one visit?

>   Single visit..........1
>   More than one visit....5

FLOW CHECK F-8:   **IF NUMBCVIS = 1 (SINGLE VISIT),**
>   **ASK FA-5 BC12PLCX THROUGH FA-9 REGCAR12 ONE TIME.**
>   **ELSE IF NUMBCVIS = 5 (MORE THAN ONE VISIT),**
>   **ASK FA-5 BC12PLCX FOR EACH SERVICE,**
>   **THEN FA-6 BC12PAYX FOR EACH SERVICE.**
>   **{treat those with NUMSVC12 = 1 as SINGLE VISIT}**

BC12PLCX
FA-5.   Please look at Card 25. During the past 12 months, that is since [CMLSTYR_FILL], where did you receive

>   [DISPLAY FILL FOR Nth SERVICE REPORTED
>   (THE FILL WILL NOT BE EQUAL TO BLANK)
>   **FBTHCN12**
>   **FMEDTS12**
>   **FBCCNS12**
>   **FSTCNS12**
>   **FEMCON12**
>   **FECCNS12**
>   **FPRGTS12**
>   **FABORT12**
>   **FPAP12**
>   **FPELVC12**
>   **FPRENT12**
>   **FPARTM12**
>   **FSTDSV12**
>   **FFSTOP12**]?

>   ♦ *If R reports having received a service multiple times during the last twelve months and at multiple places, say:* Please think of the provider you visited <u>most recently</u> for this service(s).

[Show Card 25]

>   Private doctor's office...1
>   HMO facility...2
>   Community health clinic, Community clinic, Public health clinic....3
>   Family planning or Planned Parenthood Clinic......................4
>   Employer or company clinic.......................................5
>   School or school-based clinic....................................6

```
Hospital outpatient clinic.........................................7
Hospital emergency room............................................8
Hospital regular room..............................................9
Urgent care center, urgi-care or walk-in facility.................10
Some other place..................................................20
```

FLOW CHECK F-8aa: CREATE COUNTER IDCLINIC AND INITIALIZE TO 0.
IF BC12PLCX = 3 or 4 OR 6 OR 7, THEN ADD 1 TO THE IDCLINIC COUNTER
(This is a counter of how many times identified a clinic)

FLOW-CHECK F-8b: IF FA-3a PRGTST12 = 1 (YES), ASK FA-5a PGTSTBC2
ELSE GO TO FLOW CHECK F-8c.

PGTSTBC2
FA-5a.   During your visit in the past 12 months when you received a pregnancy test, did a doctor or medical provider talk to you about using birth control?

```
Yes.........1
No..........5
```

FLOW CHECK F-8c: IF (PAP12 = 1 (YES) OR PELVIC12 = 1 (YES) R received a Pap smear or pelvic exam in last 12 mos), ASK FA-5b PAPPLBC2.

ELSE GO TO FLOW CHECK F-8d.

PAPPLBC2
FA-5b.   (During your visit in the past 12 months) when you received a Pap smear or a pelvic exam, did a doctor or medical provider talk to you about using birth control?

```
Yes.........1
No..........5
```

FA-5c.   (During your visit in the past 12 months) when you received a Pap test or a pelvic exam, did a doctor or medical provider talk to you about using emergency contraception, also known as "Plan B" or "Preven," or the "morning after pill?"

```
Yes.........1
No..........5
```

FLOW CHECK F-8d: IF FA-3g STDSVC12 = 1 (YES), ASK FA-5d STDTSCON.

ELSE GO TO FA-6 BC12PAYX.

STDTSCON
FA-5d.   (During your visit in the past 12 months) when you received STD testing or treatment, did a doctor or medical provider talk to you about using condoms to prevent disease?

```
Yes.........1
No..........5
```

BC12PAYX
FA-6.   Looking at Card 16, please tell me all of the ways in which the bill for

```
[DISPLAY FILL FOR Nth SERVICE REPORTED
(THE FILL WILL NOT BE EQUAL TO BLANK)
FBTHCN12
FMEDTS12
FBCCNS12
FSTCNS12
```

FEMCON12
FECCNS12
FPRGTS12
FABORT12
FPAP12
FPELVC12
FPRENT12
FPARTM12
FSTDSV12
FFSTOP12]

was paid?

⬧ *PROBE:* Any other ways?

⬧ *Ask if R volunteers bill <u>still unpaid</u>,* DISPLAY: how do you think that bill will be paid?

⬧ PRESS [Space] or [-] to separate responses

⬧ *Enter all that apply.*

[Show Card 16]
[HELP AVAILABLE]

```
Insurance................................1
Co-payment or out-of-pocket payment......2
Medicaid ................................3
No payment required .....................4
Some other way ..........................5
```

FLOW CHECK F-9:   RETURN TO FA-6 BC12PAYX FOR NEXT SERVICE, IF APPLICABLE. ELSE, GO TO FLOW CHECK F-10.

(SEE ENDNOTE[1])
FLOW CHECK F-10:   IF BC12PLCX NE 3 or 4 OR 6 OR 7, GO TO FLOW CHECK F-13. ELSE GO TO FA-8 STATE_NAME
          IF SVC REC'D IN PAST 12 MONTHS WAS NOT AT CLINIC, GO TO FLOW CHECK F-13.
          ELSE CONTINUE WITH THE CLINIC DATABASE

STATE_NAME
FA-8.   What is the name and address of the place where you received

          [DISPLAY NTH SERVICE REPORTED WHERE BC12PLCX=3,4,6,or 7]

          (THE FILL WILL NOT BE EQUAL TO BLANK)
          FBTHCN12
          FMEDTS12
          FBCCNS12
          FSTCNS12
          FEMCON12
          FECCNS12
          FPRGTS12
          FABORT12
          FPAP12
          FPELVC12
          FPRENT12
          FPARTM12
          FSTDSV12
          FFSTOP12]?

          What state is the place in?

> ◆ *Either PRESS [backspace] to see the lookup table or start typing the name of the state*

[HELP AVAILABLE]
[LINK TO STATE DATABASE]

CLINIC12
FA-8a.(What is the name and address of the place where you received

[DISPLAY NTH SERVICE REPORTED WHERE BC12PLCX=3,4,6,or 7]?)

[LINK TO CLINIC DATABASE]
[HELP AVAILABLE]

> ◆ *Either PRESS [backspace] to see the lookup table or start typing the name of the city where the clinic is located*
> *(1) Type or select a city name;*
> *(2) Select a clinic by scrolling up or down;*
> *(3) Press [Enter]*

CityName
FA-8b

ClinicName
FA-8c
ClinicCode
FA-8d
ClinicFund {Created variable for 'Title X Funding' (same as "tx9798_#" from
FA-8e   C6 data) code not shown but output to dataset}

ClinicType {Created variable for 'Agency type' (same as "TYPE9798_#" from
FA-8f   C6 data) code not shown but output to dataset}

CONFIRM FA-8g
     I have found a clinic (by that name/in that city) at:

     [Clinic.Name1]
     [Clinic.Name2]
     [Clinic.Address1]
     [Clinic.Address2]
     [Clinic.City], [Clinic.State] ···[Clinic.Zipcode]

     County: [Clinic.CntyName]

     Is this correct?

              Yes......................1
              No.......................5
              Clinic not in database ...6

Edit Check FA8_1: IF CONFIRM = 5, DISPLAY:
                    Go back to CLINIC12 and try again.
                    HARD, NONSUPPRESSIBLE EDIT CHECK.
                    INVOLVING: CLINIC12 and CONFIRM

FLOW CHECK F-10c: IF CONFIRM = 1 (CLINIC IDENTIFIED IN DATABASE),
                    GO TO FLOW CHECK F-11.
                ELSE, ASK FA-8a ADCLIN12.

ADCLIN12

FA-8f.   ☑ *Interviewer checkpoint:*

⬧ *ENTER name and address of clinic you were unable to find in
database*

⬧ *If necessary: refer R to personal records or area phone books to
obtain clinic name and address. If R is unable to provide the full
address, record as much information as she can provide including
cross streets, etc.)*

**FLOW CHECK F-11:   IF CLINIC CODE IN CLINIC12 IS THE SAME CLINIC CODE AS
REPORTED IN EARLIER CLINIC12 FOR ANOTHER SERVICE,
SET FA-9 REGCAR12 TO EARLIER REGCAR12
AND GO TO FLOW CHECK F-12.
ELSE, ASK FA-9 REGCAR12.**

REGCAR12
FA-9. Is this clinic your <u>regular</u> place for medical care, or do you <u>usually</u> go
somewhere else for medical care?

Regular place...1
Regular place, but go to more than 1 place regularly....2
Usually go somewhere else...............................3
No usual place..4

**FLOW CHECK F-12:   RETURN TO FLOW CHECK F-10 FOR NEXT CLINIC, IF APPLICABLE.
ELSE, GO TO FLOW CHECK F-13.**

**FLOW CHECK F-13:   IF IDCLINIC GE 1, ASK INTR_CLN.
REPORTED A CLINIC IN THE LAST 12 MONTHS IN ANY OF THE
BC12PLCX LOOPS**

ELSE, GO TO FLOW CHECK F-17.

{clinic users in last 12 months
INTR_CLN
FA-13.   In the past 12 months, have you received any of the following from
a clinic...

⬧ *ENTER [1] to continue*

FCONDOM
FA-13a.   (In the past 12 months, have you received)Free condoms (from a
clinic)?

Yes.......1
No........5

FFOAM
FA-13b.   (In the past 12 months, have you received)Free foam or jelly (from
a clinic)?

Yes.......1
No........5

FORAL
FA-13c.   (In the past 12 months, have you received)Free oral contraceptive
pills (from a clinic)?

```
                              Yes.......1
                              No........5
```

RORAL
FA-13d.   (In the past 12 months, have you received)
               Reduced-price oral contraceptive pills (from a clinic)?

```
                              Yes.......1
                              No........5
```

FLOW CHECK F-16:   IF BC12PAYX = 2 (co-payment or out-of-pocket payment), ASK
**   SLSCSRV.**

**   ELSE GO TO FLOW CHECK F-17.**

SLSCSRV
FA-14.   In the past 12 months, have you paid for any clinic services on a
               sliding scale based on your income?

[HELP AVAILABLE]

```
                    Yes.......................1
                    No........................5
```

FLOW CHECK F-17:   IF AGESCRN LT 25, create DRUGDEVE AND GO TO FLOW CHECK F-17a
**   CREATE COUNTER AND INITIALIZE TO 0:**
**   DRUGDEVE = ADD 1 FOR EACH OF THESE EVER USED METHOD USE**
**   VARIABLES THAT IS EQUAL TO 1 (YES):**
**   EA-1 PILL   EA-4 DEPOPROV   EA-5 LUNELLE**
**   EA-9 PATCH   EA-10 RING   EA-11 MORNPILL**
**   anyfster**
**   Or ADD 1 to DRUGDEVE if EA-14 OTHRMETH=9 (IMPLANT)**
**   or EA-14 OTHRMETH=12 (DIAFRAGM)**
**   or EA-14 OTHRMETH=16 (CERVLCAP)**
**   or EA-14 OTHRMETH=19 (IUD)**
                              THESE REFER TO EVER USE(SECTION D AND E)
**   ELSE IF AGESCRN GE 25, GO TO GA-0 GAINTRO1**

First service ever received series (FB)

FLOW CHECK F-17a:
**   IF NUMSVC12 = 0 and DRUGDEVE= 0, THEN GO TO FLOW CHECK F-18**
**   ELSE IF NUMSVC12 = 0 and DRUGDEVE GE 1, THEN GO TO**
**   FB-2 WNFSTSVC_M**
**   ELSE IF NUMSVC12 GE 1, ASK FB-1 FSTSVC12**

FSTSVC12
FB-1 IF NUMSVC12 = 1, SAY:
      You told me that in the last 12 months you received a birth control
      service from a doctor or medical care provider. Was this the first birth
      control service you have ever received in your life?

      ELSE IF NUMSVC12 GT 1, SAY:
      You told me that in the last 12 months you received birth control
      services from a doctor or medical care provider. Were any of these
      services the first birth control service you have ever received in your
      life?

```
                    Yes.......................1
                    No........................5
```

WNFSTSVC_M

FB-2. Now I'd like to know about the very <u>first</u> time you received a birth control service from a doctor or medical care provider. In what month and year did you receive your first birth control service?

   ◆ *ENTER MM/YYYY*
   ◆ *PROBE for season if DK month*

1. January	5. May	9. September	13. Winter
2. February	6. June	10. October	14. Spring
3. March	7. July	11. November	15. Summer
4. April	8. August	12. December	16. Fall

WNFSTSVC_Y

FB-3. (Now I'd like to know about the very <u>first</u> time you received a birth control service from a doctor or medical care provider. In what month and year did you receive your first birth control service?)

   ◆ *ENTER WNFSTSVC_M/YYYY*

UNDERLYING RANGE: 1961 to 2011

FLOW CHECK F-17c: COMPUTE CMFSTSVC:
(CENTURY MONTH RECEIVED 1ST BIRTH CONTROL SERVICE**)**

SET CMFSTSVC = NULL/BLANK
IF WNFSTSVC_Y = RF, THEN CMFSTSVC = 9998 (RF)
ELSE IF WNFSTSVC_Y = DK, THEN CMFSTSVC = 9999 (DK)

ELSE IF WNFSTSVC_M = 13 OR 14 OR 15 OR 16, USE MONTH
    APPROPRIATE TO SEASON (MONTH) THEN CMFSTSVC =
    (WNFSTSVC_Y-1900) + MONTH

ELSE IF WNFSTSVC_M = DK OR RF,
    THEN CMFSTSVC = (WNFSTSVC_Y-1900) + 6

ELSE CMFSTSVC = (WNFSTSVC_Y-1900)*12 + WNFSTSVC_M

Edit Check FB3_1:   **IF (WNFSTSVC_M LE 12) AND CMFSTSVC > CMINTVW, DISPLAY: The** date entered cannot be after the date of interview. Please correct. **HARD, NONSUPPRESSIBLE EDIT CHECK.**

Edit Check FB3_2:   **IF (WNFSTSVC_M LE 12) AND CMFSTSVC < CMBIRTH, DISPLAY:** The date entered cannot be before her date of birth. Please correct. **HARD, NONSUPPRESSIBLE EDIT CHECK.**

Edit Check FB3_3:   **IF (13 LE WNFSTSVC_M LE 16) AND CMFSTSVC > (CMINTVW + 2) , DISPLAY: The** date entered cannot be after the date of interview. Please correct. **HARD, NONSUPPRESSIBLE EDIT CHECK.**

Edit Check FB3_4:   **IF (13 LE WNFSTSVC_M LE 16) AND CMFSTSVC < (CMBIRTH - 3) , DISPLAY:** The date entered cannot be before her date of birth. Please correct. **HARD, NONSUPPRESSIBLE EDIT CHECK.**

Edit Check FB3_5:   **IF (WNFSTSVC_M = DK OR RF) AND WNFSTSVC_Y > (CMINTVW/12 +1900), DISPLAY: The** date entered cannot

be after the date of interview. Please correct.
HARD, NONSUPPRESSIBLE EDIT CHECK.

Edit Check FB3_6:   **IF (WNFSTSVC_M = DK OR RF) AND WNFSTSVC_Y <
(CMBIRTH/12 +1900)- 1, DISPLAY:** The date entered
cannot be before her date of birth. Please correct.
HARD, NONSUPPRESSIBLE EDIT CHECK.

FLOW CHECK F-17d: **IF FSTSVC12 = 1 and numsvc12 eq 1 (1ST SERVICE IN LAST
12 MONTHS and only received 1 service) AND CMFSTSVC NE
BLANK, GO TO FLOW CHECK F-18.**
> 1ST SERVICE IN LAST 12 MONTHS AND ONLY RECEIVED
> 1 SERVICE IN LAST 12 MONTHS, GOT DATE OF 1ST
> SERVICE AND SKIPPED TO SECTION FC

**ELSE IF RHADSEX = 1 (YES) AND ((CMFSTSVC = DK OR RF)
OR CMFSTSVC = CMFSTSEX OR CMFSTSEX=DK), ASK FB-4
B4AFSTIN.**
> FOR THOSE FOR WHOM DATE OF FIRST SERVICE
> RECEIPT IS UNKNOWN, OR IS THE <u>SAME</u> AS DATE OF
> FIRST SEX OR DON'T KNOW DATE OF 1ST SEX, ASK
> WHICH CAME FIRST, AND RELATIVE TIMING.

ELSE, GO TO FB-6 FSTSERV (1st service received)**.**
> {THIS IS INTENDED TO ROUTE THOSE WHOSE 1ST
> SERVICE WAS IN THE LAST 12 MONTHS AND HAD MORE
> THAN 1 SERVICE IN THE LAST 12 MONTHS AND THOSE
> WHOSE 1ST SERVICE WAS NOT IN THE LAST 12
> MONTHS.}

B4AFSTIN
FB-4. IF CMFSTSEX = BLANK, DK, OR RF, ASK:
    Was it before or after the first time you had intercourse?

    ELSE IF (CMFSTSEX NE BLANK, DK OR RF) OR CMFSTSVC = CMFSTSEX, ASK:
    Was it before or after the first time you had intercourse in
    [CMFSTSEX_FILL])?

> Before........................ 1 FB-6 FSTSERV
> After......................... 2

FLOW CHECK F-17e: IF CMFSTSVC = CMFSTSEX, GO TO FB-6 FSTSERV
> IF THEY'RE THE SAME MONTH DON'T NEED TO ASK HOW MANY MONTHS
> APART

TMAFTIN
FB-5. How long after your first intercourse did you receive your first birth
    control service(s)? Was it...

       ◆ *READ List*

    Less than a month after your first intercourse............1
    One to three months after your first intercourse..........2
    Four to twelve months after your first intercourse 3
    More than a year after your first intercourse............4

FSTSERV
FB-6. Please look at Show Card 86, which service or services did you get that
    first time? Did you get

[HELP AVAILABLE]
[SHOW CARD 86]

◆ *READ List*

◆ *ENTER all that apply*

A method of birth control or prescription for a method 1
A check-up or medical test related to using a birth control method..2
Counseling or information about birth control......................3
Counseling or information about getting sterilized.................4
Emergency contraception or a prescription for EC 5
Counseling or information about Emergency contraception............6
[EMPTY/A sterilizing operation]....................................7
>**OPTION 7 FILLS WITH "A sterilizing operation" IF ANYFSTER=1 OTHERWISE IT REMAINS EMPTY**

BCPLCFST
FB-7. IF DRUGDEVE = 1, ASK:
Please look at Card 25. Where did you receive your first birth control service?

ELSE IF DRUGDEVE GT 1 OR NUMSVC12 GT 1, ASK:
Please look at Card 25. Where did you receive your first birth control services?

[SHOW CARD 25]

Private doctor's office...1
HMO facility..2
Community health clinic, Community clinic, Public health clinic....3
Family planning or Planned Parenthood Clinic......................4
Employer or company clinic..5
School or school-based clinic.....................................6
Hospital outpatient clinic..7
Hospital emergency room...8
Hospital regular room...9
Urgent care center, urgi-care or walk-in facility................10
Some other place...20

{FOR R LT 25 YEARS OLD
Clinic series (FC)

**FLOW CHECK F-18: IF (BCPLCFST NE 3 OR 4 OR 6 OR 7) AND
(IDCLINIC LT 1) AND
(PLCFEMOP NE 3 OR 4 OR 6 OR 7) AND
(MENARCHE NE 96), ASK FC-1 EVERFPC.
ELSE GO TO GA-0 GAINTRO1.**

EVERFPC
FC-1.   IF MENARCHE NE DK OR RF, ASK:
Since your first menstrual period when you were [MENARCHE], have you ever visited a <u>clinic</u> for any kind of medical or birth control service?

ELSE IF MENARCHE = DK OR RF, ASK:
Since your first menstrual period, have you ever visited a <u>clinic</u> for any kind of medical or birth control service?

[HELP AVAILABLE]

Yes..............1
No..............5 (GA-0 GAINTRO1)

KNDMDHLP
FC-2. What kind of medical service did you receive at the clinic?

> ⬩ *Enter all that apply*
> ⬩ *PRESS [Space] or [-] to separate responses*

[SHOW CARD 51]

A method of birth control (or prescription).........................1
Birth control counseling..2
Emergency contraception...3
Counseling about Emergency Contraception..........................4
A check-up or test for birth control..............................5
A pregnancy test..6
An abortion 7
A Pap smear or pelvic exam..8
Post-pregnancy care 9
STD or HIV testing/treatment/counseling..........................10
Other 20