SECTION F

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)
CMINTW Century month of interview date (Section A)
CMLSTYR_FILL Fill (month and year) to use as reference point for the past 12 months
MENARCHE Age at first menstrual period (Section B)
CMLSTPREG 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)
FLGDKMO2 Flag if DK month or month was reported as season for date of first sex (Section C)
RHADSEX Whether R has ever had sex (Section C)
PLCFEMOP Place where sterilization was performed (Section D)
STERCLIN R received sterilization at a clinic in the last 12 months (Section D)
ANYFSTER Ever had a sterilizing operation (Section D)
FSTROP12 Whether R had a sterilizing operation within last 12 mos (Section D)
CMOPER1 CM for R's 1st (or only) sterilizing operation (Section D)
PILL Ever used birth control pills (Section E)
DIAFRAGM Ever used Diaphragm (Section E)
DEPOPROV Ever used Depo-provera or injectables (or shots) (Section E)
NORPLANT Ever used Norplant (Section E)
CERVLCAP Ever used a cervical cap (Section E)
IUD Ever used an IUD, coil, or loop (Section E)
MORNFILL Ever used 'morning after" pills or Emergency contraception (Section E)
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)
NORP 12 Used Norplant (METHOD CALENDAR Sec. E)
DEPO 12 Used Depo-provera or injectables (or shots) (METHOD CALENDAR Sec. E)
CERV 12 Used a cervical cap (METHOD CALENDAR Sec. E)
MPILL_12 Used "morning after" pills or Emergency contraception (METHOD CALENDAR Sec. E)

VARIABLES COMPUTED IN THIS SECTION

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) (Flow Check F-17)
IDCLINIC Counter for number of times identified a clinic (Flow Check F-8aa)
CMFSTSVSC Century month received first birth control service (Flow Check Fa-17c)
FMPILL12 Fill for "morning after pill" or emergency contraception (Flow Check F-0)
FPILL12 Fill for birth control pills (Flow Check F-0)
FDIAPH12 Fill for Diaphragm (Flow Check F-0)
FTU12 Fill for IUD (Flow Check F-0)
FNORP12 Fill for norplant (Flow Check F-0)
FDEPO12 Fill for Depo-provera (Flow Check F-0)
FCERV12 Fill for cervical cap (Flow Check F-0)
FFSTRP12 Fill for sterilizing operation (Flow Check F-0)
FPILL Fill for birth control pills - ever (Flow Check F-0)
FDIAFRGM Fill for Diaphragm - ever (Flow Check F-0)
FDEPOPRV Fill for Depo-provera - ever (Flow Check F-0)
FNORPLNT Fill for norplant - ever (Flow Check F-0)
FCERVCAP Fill for cervical cap - ever (Flow Check F-0)
FTU Fill for IUD - ever (Flow Check F-0)
FMORNPIL Fill for "morning after pill" or emergency contraception - ever (Flow Check F-0)
FSSTOP12 Fill for sterilizing operation (Flow Check F-6a)
FBSYCHN12 Fill for a method of birth control or a prescription for a method (Flow
Check 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 (Flow Check F-6a)
FSTCNS12 Fill for counseling or information about getting sterilized (Flow Check F-6a)
FEMCON12 Fill for emergency contraception or the morning after pill (Flow Check F-6a)
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)
FPSTGVC12 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)
FSTDTS12 Fill for counseling for, or been tested or treated for a sexually transmitted disease (Flow Check F-6a)

CM VARIABLES TO CHECK AGAINST BOTH CMBIRTH AND CMINTVW
CMFSTSVDC

COMPUTED VARIABLES (from this section) TO BE INCLUDED ON OUTPUT DATA FILE
NUMMTH12
NUMSVC12
DRUGDEVE
CMFSTSVDC

------------- SECTION F BEGINS HERE -------------

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 FNORP12
    IF NORP12 = 1 THEN FNORP12 = NORPLANT
    ELSE FNORP12 = 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

COMPUTE FPILL
IF PILL = 1 THEN FPILL = BIRTH CONTROL PILLS ELSE FPILL = BLANK

COMPUTE FDIAFRGM
   IF DIAFRAGM = 1 THEN FDIAFRGM = DIAPHRAGM ELSE FDIAFRGM = BLANK

COMPUTE FDEPOPRV
   IF DEPOPROV = 1 THEN FDEPOPRV = DEPO-PROVERA OR INJECTABLES (OR SHOTS) ELSE FDEPOPRV = BLANK

COMPUTE FNORPLNT
   IF NORPLANT = 1 THEN FNORPLNT = NORPLANT ELSE FNORPLNT = BLANK

COMPUTE FCERVCAP
   IF CERVLCAP = 1 THEN FCERVCAP = CERVICAL CAP ELSE FCERVCAP = BLANK

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

COMPUTE FMORNPIL
   IF MORNPILL = 1 THEN FMORNPIL = "MORNING AFTER" PILLS OR EMERGENCY CONTRACEPTION ELSE FMORNPIL = 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. Let's talk about the past 12 months, that is, since [CMLSTYR_FILL].

   IF CMOPER1 LT CMLSTYR, ASK:
   Have you received any of the following birth control services shown on Card 49 from a doctor or other medical care provider?

   ELSE IF CMOPER1 GE CMLSTYR, ASK:
   In addition to your sterilizing operation, have you received any of the following birth control services shown on Card 49 from a doctor or other medical care provider?

   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

**STCNS12**
FA-1e. (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-17 MORNPILL = 1 (YES) OR DK, ASK FA-1f EMCON12
ELSE IF EA-17 MORNPILL = 5 (NO) OR RF, GO TO FA-1g ECCNS12

**EMCON12**
FA-1f. (In the past 12 months, have you received) Emergency contraception or the 'Morning-after pill,' or a prescription for it?

[SHOW CARD 49]

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

**ECCNS12**
FA-1g. (In the past 12 months, have you received) Counseling or information about Emergency contraception 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  PILL_12  DIAPH_12  IUD_12
NORP_12  DEPO_12  CERVC_12  FSTROP12

FLOW CHECK F-3:
IF ((BTHCON12 = 5, OR DK, OR RF) AND
(MEDTST12 = 5, OR DK, OR RF) AND
(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 methods which you
used in that period:
LIST FILLS THAT ARE NOT BLANK, THAT IS,
SERVICE WITH RESPONSE = 1 (YES):
FMPILL12  FPILL12  FDIAPH12  FIUD12
FNORP12  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
FNORP12  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
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 medical services from a doctor or other medical care provider...

ENTER [1] to continue

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 IF RHADSEX=1, SAY: (In the past 12 months have you received) A pregnancy test?

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

(In the past 12 months have you received) An abortion?

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

(In the past 12 months have you received) A Pap smear?

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

(In the past 12 months have you received) A pelvic exam?

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

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 STDTST12

PARTUM12
FA-3f. (In the past 12 months have you received) Post-pregnancy care?

[SHOW CARD 50]

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

STDTST12
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:

NUMSV12 = ADD 1 FOR EACH OF THESE METHODS THAT IS EQUAL TO 1 (YES):
NUMBER OF SERVICES RECEIVED IN LAST 12 MONTHS
FSTROP12  BTHCON12  MEDTST12  BCCNS12
STCNS12  EMCON12  ECCNS12  PRGTST12
ABORT12  PAP12  PELVIC12  PRENAT12
PARTUM12  STDTST12

FLOW CHECK F-6a: CREATING FILLS FOR METHODS REPORTED IN FA

COMPUTE FFSTOP12
IF FSTROP12 = 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 "MORNING-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 FSTDTS12
IF STDTST12 = 1 THEN FSTDTS12 = COUNSELING FOR, OR BEEN TESTED OR TREATED FOR A SEXUALLY TRANSMITTED DISEASE
ELSE FSTDTS12 = BLANK

FLOW CHECK F-7: IF FSTROP12 = 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 STDTST12 = 5
SET NUMSVC12=0 AND GO TO FLOW CHECK F-17a
IF NO SERVICE IN THE LAST 12 MONTHS GO TO FB (FIRST SERVICE SERIES)
ELSE IF NUMSVC12 GE 1, ASK FA-4 NUMBCVIS.
ONE OR MORE SERVICES REPORTED IN FA-1b BTHCON12 THROUGH FA-1g ECCNS12 AND FA-3a PRGTST12 THROUGH FA-3g STDTST12 AND FSTROP12, ASK NUMBER OF VISITS

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]
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 FSTROP12 = 1 (YES), DO NOT ASK FA-5 BC12PLCX THROUGH FA-8a ADCLIN12 FOR THAT SERVICE.
Sterilization operation is asked about later

ELSE IF NUMSVC12 GE 1 AND FSTROP12 = 1 (YES), ASK FA-5 BC12PLCX THROUGH FA-8a ADCLIN12 FOR EACH SERVICE OTHER THAN FSTROP12.
FOR ALL OTHER SERVICES REPORTED IN FA-1b
BTHCON12 = FA-1g ECCNS12 AND FA-3a PRGTST12 = FA-3g STDTST12, EXCEPT STERILIZATION

ELSE IF NUMSVC12 GE 1 AND FSTROP12 NE 1 (YES), ASK FA-5 BC12PLCX THROUGH FA-8a ADCLIN12 FOR EACH SERVICE.
FOR ALL OTHER SERVICES REPORTED IN FA-1b
BTHCON12 = FA-1g ECCNS12 AND FA-3a PRGTST12 = FA-3g STDTST12

FLOW CHECK F-8a: 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.

BC12PLCX

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
FMEEDTS12
FBCCNS12
FSTCNS12
FEMCON12
FECCNS12
FEMCON12
FECCNS12

F-9
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 BC12PCLX = 3 or 4 or 6 or 7 or 8 or 9 or 10, 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) and NUMBCVIS=1), ASK FA-5c PAPPELEC.
R received a Pap smear or pelvic exam in last 12 months -all services in the last 12 months at only 1 visit

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

PAPPELEC
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 or the "morning after pill"?

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

FLOW CHECK F-8d: IF FA-3g STDTST12 = 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
FSTDTS12 ]

was paid?

Enter all that apply.

PROBE: Any other ways?
Ask if R volunteers bill still unpaid, DISPLAY: how do you think that bill will be paid?

[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.
FLOW CHECK F-10:  IF BC12PLCX NE 3 or 4 or 6 or 7 or 8 or 9 or 10, 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 FOR STERILIZING OPERATION. 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,,6,7,8,9, OR 10]

(THE FILL WILL NOT BE EQUAL TO BLANK)
FBTHCN12
FMEDTS12
FBCCNS12
FSTCNS12
FEMCON12
FECCNS12
FPRGTS12
FABORT12
FPAP12
FPELVC12
FPRENT12
FPARTM12
FSTDTS12

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

[DISPLAY NTH SERVICE REPORTED WHERE BC12PLCX=3,4,6,7,8,9, OR 10]? )

[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;
(2) SELECT A CITY BY SCROLLING UP OR DOWN;
(3) PRESS ENTER

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

[list clinic selected]

Is this correct?

Yes.........................1
No.........................5
Clinic not in database ...6
FLOW CHECK F-10c: IF CONFIRM = 1 (CLINIC IDENTIFIED IN DATABASE),
    GO TO FLOW CHECK F-11.
    ELSE, ASK FA-8a ADCLIN12.

ADCLIN12
FA-8a. 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.)

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 regular place for medical care, or do you usually 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 STERCLIN = 1 OR (ANYFSTER= 1 AND STERCLIN = BLANK), GO TO FLOW CHECK F-13a.
    ELSE, GO TO FLOW CHECK F-15.

FLOW CHECK F-13a: IF IDCLINIC =1, ASK STCLSAME FA-10.
    ONLY ONE CLINIC PREVIOUSLY SELECTED FROM THE DATABASE FROM PREVIOUS LOOP CLINIC12
    ELSE IF IDCLINIC NE 1, GO TO STATE_NAME FA-10a.
    (IF NO CLINICS YET IDENTIFIED, OR MORE THAN ONE CLINIC ALREADY IDENTIFIED FROM THE DATABASE FROM PREVIOUS LOOP CLINIC12)

STCLSAME
FA-10. Did you receive your sterilizing operation from the same clinic you named earlier or from a different clinic?

Same clinic..................1
Different clinic............5

FLOW CHECK F-13b: IF STCLSAME = 1:
SET STERCLIN FA-10a TO EARLIER CLINIC12 FA-8, 
SET FA-12 STREGCAR TO EARLIER FA-9 REGCAR12 
AND GO TO FLOW CHECK F-15.

STATE_NAME
FA-10a.  What is the name and address of the clinic where you received your sterilizing operation?
What state is the place in?
Either PRESS [backspace] to see the lookup table or start typing the name of the state

STERCLIN
FA-10a. What is the name and address of the clinic where you received your sterilizing operation?

[LINK TO CLINIC DATABASE]
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;
(2) SELECT A CITY BY SCROLLING UP OR DOWN;
(3) PRESS ENTER

CONFIRM1
I have found a clinic (by that name/in that city) at:
[list clinic selected]
Is this correct?
Yes.......................1
No.........................5
Clinic not in database ...6

FLOW CHECK F-13c: IF CONFIRM1 = 1 (CLINIC SELECTED FROM DATABASE), 
GO TO FLOW CHECK F-14. 
ELSE, ASK FA-11 STCLNAME.

STCLNAME
FA-11.  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 address information as she can provide.)

FLOW CHECK F-14: IF CLINIC CODE IN STERCLIN WAS REPORTED EARLIER IN CLINIC12 FOR ANOTHER SERVICE, SET STREGCAR TO REGCAR12 REPORTED IN THAT SAME LOOP AND GO TO FLOW CHECK F-15. 
ELSE, ASK STREGCAR.
STREGCAR
FA-12. Is this clinic your regular place for medical care, or do you usually 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-15: 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?
F-16

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 METHOD USE VARIABLES THAT IS EQUAL TO 1 (YES):
PILL DEPOPROV NORPLANT DIAFRAGM
CERVLCAP IUD MORNPILL ANYFSTER
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 first 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 Month
PROBE for season if DK month


WNFSTSVC_Y
FB-3. (Now I'd like to know about the very first 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 year in 4 digits

UNDERLYING RANGE: 1962 to 2002

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

FLOW CHECK F-17d:
IF FSTSVC12 = 1 (1ST SERVICE IN LAST 12 MONTHS) AND CMFSTSVC NE BLANK, GO TO FLOW CHECK F-18.
1ST 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 SAME AS DATE OF FIRST SEX OR DON'T KNOW DATE OF 1ST SEX, ASK WHICH CAME FIRST, AND RELATIVE TIMING.
   ELSE, GO TO FB-7 BCPLCFST (SOURCE OF 1ST SERVICE).

(User Note: This flow check did not work as intended. Only the initial variables in the series are included on the data file. See User's Guide section on "Data Quality" for further information.)

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 (BCPLCFST FB-7)
   After........................... 2

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

FLOW CHECK F-17f: IF DRUGDEVE = 1, GO TO BCPLCFST FB-7
IF ONLY ONE SERVICE EVER RECEIVED,
DON'T NEED TO ASK WHICH ONE WAS FIRST.
ELSE IF DRUGDEVE GT 1, GO TO FSTSERV FB-6

(User Note: The routing (flow checks F-17d and F-17f) to this variable, FSTSERV, did not work as intended. Everyone that should have gone to this variable did not do so. Therefore this variable is not included in the data file. See User's Guide section on "Data Quality" for further information.)

FSTSERV
FB-6. Which service or services did you get that first time? Did you get

[HELP AVAILABLE]

READ List and ENTER all that apply

[LIST FILLS THAT ARE NOT BLANK, THAT IS,
SERVICE WITH RESPONSE = 1 (YES):

FMORNPIL
FPILL
FDEPOPRV
FNORPLNT
FDIAFRGM
FCERVCAP
FIUD
FFSTRP12 (IF ANYFSTER = 1)

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, 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 OR 8 OR 9 OR 10) AND
(IDCLINIC LT 1) AND
(PLCFEMOP NE 3 OR 4 OR 6 OR 7 OR 8 OR 9 OR 10) 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 clinic 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 clinic 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

[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