

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 1 ST (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)
MORNPIII	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)
CERV_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)
FCERV12	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)
FBCNS12	FILL FOR COUNSELING OR INFORMATION ABOUT BIRTH CONTROL (FC F-6A)
FSTNS12	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
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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 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

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 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 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 medical services 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
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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 FPARENT12
IF PRENAT12 = 1 THEN FPARENT12 = PRENATAL CARE
ELSE FPARENT12 = 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
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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 NOSERVICE 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
```

FBCNS12
 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
 FBCNS12
 FSTCNS12
 FEMCON12
 FECCNS12
 FPRGTS12
 FABORT12
 FPAP12
 FPELVC12
 FPRENT12
 FPARTM12
 FSTDSV12
 FFSTOP12]?

[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

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 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
FBCNS12
FSTCNS12
FEMCON12
FECCNS12
FPRGTS12
FABORT12
FPAP12
FPELVC12

FPRENT12
FPARTM12
FSTDSV12
FFSTOP12]

was paid?

- ♦ *PROBE*: Any other ways?
- ♦ Ask if R volunteers bill still unpaid, 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
Medicaid3
No payment required4
Some other way5

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

(SEE ENDNOTE¹)

**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
FBCSNS12
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 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 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 GAINTR01

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 WNFSTSVCS_M

ELSE IF NUMSVC12 GE 1, ASK FB-1 FSTSVCS12

FSTSVCS12

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

WNFSTSVCS_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 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 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 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 FSTSV12 = 1 and numsv12 eq 1 (1ST SERVICE IN LAST 12 MONTHS and only received 1 service) AND CMFSTSV12 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 ((CMFSTSV12 = DK OR RF) OR CMFSTSV12 = 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-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 CMFSTSV12 = 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 CMFSTSV12 = 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 intercourse3

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 method1

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 EC5
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 GAINTR01.**

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 GAINTR01)

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