FEMALE SECTION F

CAPI Reference Questionnaire (CRQ)

Family Planning and Medical Services

VARIABLES IMPORTED FROM EARLIER SECTIONS

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMBIRTH</td>
<td>CENTURY MONTH OF BIRTH DATE (SECTION A)</td>
</tr>
<tr>
<td>AGESCNR</td>
<td>AGE FROM THE SCREENER</td>
</tr>
<tr>
<td>CMINTWV</td>
<td>CENTURY MONTH OF INTERVIEW DATE (SECTION A)</td>
</tr>
<tr>
<td>CMINTYW</td>
<td>CENTURY MONTH OF INTERVIEW MINUS 1 YEAR (SECTION A)</td>
</tr>
<tr>
<td>CMINTYR_FILL</td>
<td>FILL (M/Y) TO USE AS REFERENCE POINT FOR THE PAST 12 MONTHS</td>
</tr>
<tr>
<td>MENARCHE</td>
<td>AGE AT FIRST MENSTRUAL PERIOD (SECTION B)</td>
</tr>
<tr>
<td>CURREFM</td>
<td>WHETHER R IS CURRENTLY PREGNANT (FROM B)</td>
</tr>
<tr>
<td>CMLSTFPG</td>
<td>CENTURY MONTH DATE OF LAST COMPLETED PREGNANCY (SECTION B)</td>
</tr>
<tr>
<td>CMLASTLB</td>
<td>CENTURY MONTH DATE OF LAST LIVE BIRTH (SECTION B)</td>
</tr>
<tr>
<td>CMFSTSEX</td>
<td>CENTURY MONTH DATE OF FIRST SEX (SECTION C)</td>
</tr>
<tr>
<td>CMFSTSEX_FILL</td>
<td>FILL (MONTH AND YEAR) FOR DATE OF FIRST SEX (SECTION C)</td>
</tr>
<tr>
<td>PLCFEMOP[X]</td>
<td>PLACE WHERE STERILIZATION WAS PERFORMED[X=1,2,3,4] (SECTION D)</td>
</tr>
<tr>
<td>ANYSFSTER</td>
<td>EVER HAD A STERILIZING OPERATION (SECTION D)</td>
</tr>
<tr>
<td>FSTROP12</td>
<td>WHETHER R HAD A STERILIZING OPERATION WITHIN LAST 12 MONTHS (FROM D)</td>
</tr>
<tr>
<td>CMOPER1</td>
<td>CM FOR R’S 1ST (OR ONLY) STERILIZING OPERATION (SECTION D)</td>
</tr>
<tr>
<td>PILL</td>
<td>EVER USED BIRTH CONTROL PILLS (EA-1)</td>
</tr>
<tr>
<td>DEPOPROV</td>
<td>EVER USED DEPO-PROVERA OR INJECTABLES (OR SHOTS) (EA-4)</td>
</tr>
<tr>
<td>LUNELLE</td>
<td>EVER USED LUNELLE INJECTION (EA-5)</td>
</tr>
<tr>
<td>PATCH</td>
<td>EVER USED CONTRACEPTIVE PATCH (EA-9)</td>
</tr>
<tr>
<td>RING</td>
<td>EVER USED VAGINAL CONTRACEPTIVE RING (EA-10)</td>
</tr>
<tr>
<td>OTHMETH</td>
<td>EVER USED ANOTHER METHOD OF CONTRACEPTION (EA-11)</td>
</tr>
<tr>
<td>FILL</td>
<td>12</td>
</tr>
<tr>
<td>DIAPH</td>
<td>12</td>
</tr>
<tr>
<td>IUD</td>
<td>12</td>
</tr>
<tr>
<td>IMPLANT</td>
<td>12</td>
</tr>
<tr>
<td>DEPO</td>
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</tr>
<tr>
<td>CERV</td>
<td>12</td>
</tr>
<tr>
<td>MPILL</td>
<td>12</td>
</tr>
<tr>
<td>LUNEL</td>
<td>12</td>
</tr>
<tr>
<td>PATCH</td>
<td>12</td>
</tr>
<tr>
<td>RING</td>
<td>12</td>
</tr>
</tbody>
</table>

VARIABLES CREATED IN THIS SECTION & OUTPUT TO DATA FILE

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUMMTH12</td>
<td>NUMBER OF BIRTH CONTROL METHODS USED (DRUG OR DEVICES) IN THE LAST 12 MONTHS (FLOW CHECK F-2)</td>
</tr>
<tr>
<td>NUMSV12</td>
<td>NUMBER OF SERVICES RECEIVED IN LAST 12 MONTHS (FLOW CHECK F-6)</td>
</tr>
<tr>
<td>DRUGDEVE</td>
<td>NUMBER OF BIRTH CONTROL METHODS EVER USED (DRUG OR DEVICES)(FC F-17)</td>
</tr>
<tr>
<td>IDCLINIC</td>
<td>COUNTER FOR NUMBER OF TIMES IDENTIFIED A CLINIC (FLOW CHECK F-8A)</td>
</tr>
<tr>
<td>CMFSTSVSVC</td>
<td>CENTURY MONTH RECEIVED FIRST BIRTH CONTROL SERVICE (FC FA-17C)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>FMPILL12</td>
<td>FILL FOR “MORNING AFTER PILL” OR EMERGENCY CONTRACEPTION (FC F-6)</td>
</tr>
<tr>
<td>FPILL12</td>
<td>FILL FOR BIRTH CONTROL PILLS (FLOW CHECK F-0)</td>
</tr>
<tr>
<td>FDIAFH12</td>
<td>FILL FOR DIAPHRAGM (FLOW CHECK F-0)</td>
</tr>
<tr>
<td>FTUD12</td>
<td>FILL FOR IUD (FLOW CHECK F-0)</td>
</tr>
<tr>
<td>FIMPLANT12</td>
<td>FILL FOR HORMONAL IMPLANT (FLOW CHECK F-0)</td>
</tr>
<tr>
<td>FDEPO12</td>
<td>FILL FOR DEPO-PROVERA (FLOW CHECK F-0)</td>
</tr>
<tr>
<td>FCERV12</td>
<td>FILL FOR CERVICAL CAP (FLOW CHECK F-0)</td>
</tr>
<tr>
<td>FFSTRP12</td>
<td>FILL FOR STERILIZING OPERATION (FLOW CHECK F-0)</td>
</tr>
<tr>
<td>FFSSTOP12</td>
<td>FILL FOR STERILIZING OPERATION (FLOW CHECK F-6A)</td>
</tr>
<tr>
<td>FBTHCN12</td>
<td>FILL FOR A METHOD OF BIRTH CONTROL OR A RX FOR A METHOD (FC F-6A)</td>
</tr>
<tr>
<td>FMEDTS12</td>
<td>FILL FOR A CHECK UP OR MEDICAL TEST RELATED TO USING A BIRTH CONTROL METHOD (FLOW CHECK F-6A)</td>
</tr>
<tr>
<td>FBCCNS12</td>
<td>FILL FOR COUNSELING OR INFORMATION ABOUT BIRTH CONTROL (FC F-6A)</td>
</tr>
<tr>
<td>FSCTNS12</td>
<td>FILL FOR COUNSELING OR INFORMATION ABOUT GETTING STERILIZED (FC F6A)</td>
</tr>
<tr>
<td>FEMCON12</td>
<td>FILL FOR EMERGENCY CONTRACEPTION OR THE MORNING AFTER PILL (FLOW CHECK F-6A)</td>
</tr>
<tr>
<td>FECNNS12</td>
<td>FILL FOR COUNSELING OR INFORMATION ABOUT EMERGENCY CONTRACEPTION OR THE MORNING AFTER PILL (FLOW CHECK F-6A)</td>
</tr>
</tbody>
</table>
F-2

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 FMPILL12 = 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 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?”
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.
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:
NUMSVCI2 = 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    PRGTTST12
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 STCNS12 = 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 NUMSVCL2 = 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]
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}

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

[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 STDVC12 = 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
FSTCN12
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
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 ENDDNOTE1)

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
FPRTGTS12
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
FA-8e

ClinicType
FA-8f

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 MORNPIILL
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 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
NSFG 2006-08 FEMALE Questionnaire, Female F, Year 1
Field Date: beginning June 2006


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 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 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 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 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