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)
CMINTW 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)
FILL 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)
MORNFILL 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)
CMFSTSVSC CENTURY MONTH RECEIVED FIRST BIRTH CONTROL SERVICE (FC FA-17C)

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

FMFILL12 FILL FOR “MORNING AFTER PILL” OR EMERGENCY CONTRACEPTION (FC F-0)
FILL12 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)
FBCCSN12 FILL FOR COUNSELING OR INFORMATION ABOUT BIRTH CONTROL (FC 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 FMPIILL12
IF MPILL12 = 1 THEN FMPIILL12 = "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 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, 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:
Earliest 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:
NUMSV12 = 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
  FSTDVS12

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
  FSTDVS12
  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 most recently 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 PGTST12 = 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)) 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, 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)
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.

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

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)

FSTDSV12
FABORT12
FPAP12
FPRENT12
FPARTM12
FPRGTS12
FPELVC12
FEMCON12
FECCNS12
FSTCNS12
FBCCNS12
FMEDTS12
FBTHCN12

FLOW CHECK F-13: 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._
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 ...

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 (DIAPRAGM)
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 WNFSVC12_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


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 >
(CMINTWV/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).
(THESE ARE 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
FBSTSERV

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 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